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Construction Workers Benevolent Fund

Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park,
Dublin 12. D12 KN36

REGISTERED CHARITY NO: 20013172

WINTER HARDSHIP GRANT

The Construction Workers Benevolent Fund was established in 1986 by the construction sector trade unions. It provides financial assistance to construction workers and retired construction workers who may find themselves in financial distress. The Winter Hardship Grant is part of this financial assistance support and provides a small assistance to qualifying applicants.

The Winter Hardship Grant is targeted at retired construction workers whose main income is a social welfare payment and who find themselves in winter hardship due to much higher-than-normal heating bills and/or higher than normal medical bills.

Please complete this Winter Hardship Grant form and return it by Friday 25th October 2024

Name: Patrick Cusack Date of Birth: 7-5-1963

Address: HIGH STREET, "FORT MILL" HOUSE,
NEWPORT, CO. TIPPERARY. Eircode: V94Y981

Mobile Phone No 086-3703 223 Email Address _____

Trade Union Name 49972

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state Jobseeker's Allowance

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

Ruught Hip Arthrititis, no medication,
all year round Leg Sores, treated, 2008, Boek again.

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

I use half of Allowance on.
Buttle of no heat, and fine coal, Block's
I used to use electric heaters 2 of them,
no longer do. As E.S.B. Bills soared.
to huge Bills.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: Patrick Lusack. **DATE:** 12-12-2024.

Data Protection. The information you provide herein is fully protected under the terms of the Data Protection Act 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679). This information will be used solely by the Construction Workers Benevolent Fund to consider your circumstances for the awarding of the Winter Hardship Grant. It will not be shared with any other party or parties.

RETURN this form to The Construction Workers Benevolent Fund, Unit 39, Park West Enterprise Centre, Lavery Avenue, Park West Industrial Park, Dublin 12. D12 KN36.

For Office use only:

Cheque Issued Cheque Number: _____ Date: _____



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Name: ROBERT GALSTON Date of Birth: 19-7-54

Address: 26 MILLBROOK GROVE

DONKIGHNADLE DUB 13 Eircode: D-13-P2-T5

Mobile Phone No 085 2889891 Email Address _____

Trade Union Name N. E. E. T. U.

**1. Which of the following social welfare benefits are you currently dependent on?
Tick all applicable below**

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

oil

3. Please indicate any extra medication or health supports you need in winter

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

I SUBMITTED A FUEL ALLOWANCE THREE MONTHS AGO AND I AM STILL AWAITING A REPLY, MY WIFE AND I ARE FINDING IT A STRUGGLE TO MANAGE WITH JUST THE TWO OF US IN THE HOUSE, ON THE STATE PENSION

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED:

Robert Gellatton

DATE:

14-12-2024

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Name: OWEN MAHER Date of Birth: 26/09/1960

Address: BALLYVALLOONA, KILMACTHOMAS, CO. WATERFORD

Eircode: X42 F982

Mobile Phone No 085-7447513 Email Address owenmaher46@hotmail.com

Trade Union Name UNITE

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

I AM ON PAIN MEDICATION & ARTHRITIS MEDICATION ALL THE TIME BUT I HAVE TO TAKE MORE BECAUSE OF THE COLD.

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

I HAD A LIFE-CHANGING ROAD TRAFFIC INCIDENT AND AS A RESULT I AM VERY IMMOBILE AND MOSTLY HOUSEBOUND SO I HAVE TO HAVE THE HEATING AND THE STOVE WORKING ALL THE TIME. I HAVE BEEN DIAGNOSED WITH RHEUMATOID ARTHRITIS IN BOTH OF MY HANDS AND I HAVE TO STAY WARM AS THE COLD MAKES IT MUCH MORE PAINFUL.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: Owen Maher **DATE:** 19/12/24

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Name: JOSEPH KAVANAGH Date of Birth: 29-03-43

Address: 14 TOWNVILLE, HIGH STREET, CORK

Eircode: _____

Mobile Phone No 087 9527478 Email Address PAUL.KAVANAGH@CLEARSTREAM.CO.UK

Trade Union Name PLASTER'S UNION

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other – please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

NUMEROUS - INCL: HEART MED'S, ANXIETY, ETC

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

SIGNIFICANT PORTION OF MY INCOME GOES ON HEATING.

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED:

Joe Kavanagh

DATE:

30.12.24

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Name: Terence Short Date of Birth: 17-1-1946

Address: 505 BALLYFERMOT ROAD

DUBLIN 10 Eircode: D10 PK09

Mobile Phone No 087 2203210 Email Address _____

Trade Union Name Unite the Union

1. Which of the following social welfare benefits are you currently dependent on?

Tick all applicable below

Old Age Pension Disability Pension Living Alone Allowance

Carer's Allowance Winter Fuel Allowance Other - please state _____

Please turn over →

2. How do you heat your home? Tick all applicable below

Gas Electricity Solid Fuel

3. Please indicate any extra medication or health supports you need in winter

I AM NOT ON ANY EXTRA MEDICATION BUT
I HAVE HOMECARE TWICE DAILY 7 DAYS

4. Please detail the impact of your winter heating and/or medical bills on your financial circumstances

IT COST ME EXTRA THIS YEAR WITH IT BEING
SO COLD

DECLARATION: I hereby confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED: Seance Shortt **DATE:** 9-1-2025

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