

# 50% Holiday scheme (family)

**To be considered for this offer your total household income must be under £28,000.**

By signing this form to claim the discount if you are not entitled to it, it will be considered a fraudulent act. Further, you may be depriving another UNISON member of a much needed holiday.

Either print this form, complete and return by post to: **Croyde Bay Holiday Resort, Croyde, Braunton, North Devon EX33 1QB.** Or complete and save the pdf and return by attaching to an email to:

**Croyde@unison.co.uk**

**All applicants must post a recent payslip to the address above.**

**1. Name of applicant:** \_\_\_\_\_

**2. Membership details:**

membership number: \_\_\_\_\_ UNISON branch: \_\_\_\_\_

**3. Contact details:**

address: \_\_\_\_\_

\_\_\_\_\_ postcode: \_\_\_\_\_

home phone number: \_\_\_\_\_ work phone number: \_\_\_\_\_

mobile phone number: \_\_\_\_\_ email: \_\_\_\_\_

**4. Information about your finances:** *Please check the relevant boxes*

reliance on income/health related benefits

council tax benefits

housing benefits

disability living allowance

tax benefits

carers allowance

income support / JSA

**Low income because of:**

low pay

one main wage earner

loss of pay

income under £23,000

**5. Details of applicant, partner and dependants included in break:** *Must be living in the same household*

first name: \_\_\_\_\_ family name: \_\_\_\_\_ age: \_\_\_\_\_

first name: \_\_\_\_\_ family name: \_\_\_\_\_ age: \_\_\_\_\_

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first name: \_\_\_\_\_ family name: \_\_\_\_\_ age: \_\_\_\_\_

Preferred dates: option 1: \_\_\_\_\_

option 2: \_\_\_\_\_

option 3: \_\_\_\_\_

**6. Members declaration:** *Please check to agree*

I declare that the information I have provided is true and accurate, to the best of my knowledge and undertake to inform you of any changes in my circumstances that might affect eligibility to this offer

I understand the information I have provided will be used to process this application for assistance

I understand this offer is made subject to availability and meeting eligibility criteria

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_