

Eligibility Requirements:

• At least 3 years where more than 50% of your income came from employment in the music industry or as a musician, and currently negatively impacted by a natural disaster.

Required Documentation:

Please include the following items required with the completed application: (Applications will not be processed without this information). Documentation can be submitted at info@sweetrelief.org

- Proof of Music Industry Employment (one or more; publications, link to ASCAP or BMI repertoire, note from employer(s), tax returns, paystubs, liner notes)
- A biography, resume, or discography
- Documentation of loss

Natural Disaster Relief Fund - Application

Full Name:			
(As it appears on your Social Security Card)			
Professional Name:		100 \	
(If different)	1	الكتا	
Home Address:	100	City/State:	Zip:
Daytime/Evening Phone Number:			
Email Address:	1112		
Social Security Number:	Date of Birth:	SICIANS I	
		FUND	
Marital Status:	_Number of Dependents:	Ages of Dependents:	
Spouse/Partner Name:			
PROFESSIONAL CAREER *Please state how many years you have to			
*What do is your job title? (e.g. bassist, a	rtist manager, songwriter etc.):		
FOR MUSICIANS			
*What is your primary genre? (ifapplicabl	e) :		
What is the URL for your website? www.			
Where can we find your music online? (S	potify, Apple Music, Soundcloud,	etc.) :	
What are your social media channels?:			
Facebook https://www.facebook.com/			
Instagram https://www.instagram.com/			
Twitter https://www.twitter.com/			

Sweet Relief Musicians Fund is a 501(c)3 non-profit charity. Federal ID# 95-4443269

requesting rental assistance, please include your landlord.) ame:	requesting rental assistance, please include your landlord.) ame:	ease tell us briefly how you were affec	<u>.</u>	
requesting rental assistance, please include your landlord.) ame:Relationship:Phone:	requesting rental assistance, please include your landlord.) ame:			
requesting rental assistance, please include your landlord.) ame:	requesting rental assistance, please include your landlord.) ame:			
Relationship:Phone:	Relationship:Phone:			
Relationship:Phone:	Ame:			
ame:	ame:			
ame:Relationship:Phone:	ame:	uthorize Sweet Relief to communi	cate with the additional parties be	elow to discuss my current situation if need
ame:	ame:			
Name:	Relationship:Phone:	ame.	Relationshin:	Phone:
Signature of Applicant:	Relationship:Phone:Phone:Phone:		rtclutionomp.	
Name:	Relationship:Phone:Phone:Phone:	ame:	Relationship:	Phone:
Signature of Applicant: hereby certify that I have answered the foregoing questions to the best of my ability. The facts here are true and I understand that any misrepresentation of this information may disqualify me for any as rom Sweet Relief Musicians Fund. Signature of Applicant: Date:	Signature of Applicant: hereby certify that I have answered the foregoing questions to the best of my ability. The facts here true and I understand that any misrepresentation of this information may disqualify me for any rom Sweet Relief Musicians Fund. Date: Date:			
Signature of Applicant:	Signature of Applicant: hereby certify that I have answered the foregoing questions to the best of my ability. The facts here true and I understand that any misrepresentation of this information may disqualify me for any rom Sweet Relief Musicians Fund. Date:		Relationship:	Phone:
hereby certify that I have answered the foregoing questions to the best of my ability. The facts here are true and I understand that any misrepresentation of this information may disqualify me for any as from Sweet Relief Musicians Fund. Date:	hereby certify that I have answered the foregoing questions to the best of my ability. The facts here true and I understand that any misrepresentation of this information may disqualify me for any rom Sweet Relief Musicians Fund. Signature of Applicant:	or Guardian/Proxy	Smoot	
hereby certify that I have answered the foregoing questions to the best of my ability. The facts here are true and I understand that any misrepresentation of this information may disqualify me for any as from Sweet Relief Musicians Fund. Date:	hereby certify that I have answered the foregoing questions to the best of my ability. The facts here true and I understand that any misrepresentation of this information may disqualify me for any rom Sweet Relief Musicians Fund. Signature of Applicant:	Signature of Applicant:		Date:
hereby certify that I have answered the foregoing questions to the best of my ability. The facts here are true and I understand that any misrepresentation of this information may disqualify me for any as from Sweet Relief Musicians Fund. Signature of Applicant: Date: Dr Guardian/Proxy	re true and I understand that any misrepresentation of this information may disqualify me for any rom Sweet Relief Musicians Fund. Signature of Applicant:			A
rom Sweet Relief Musicians Fund. Bignature of Applicant:	rom Sweet Relief Musicians Fund. Signature of Applicant:			
Signature of Applicant:	ignature of Applicant:	e true and I understand that an		
or Guardian/Proxy	r Guardian/Proxy		u.	
		om Sweet Relief Musicians Fund	170//	Date
		om Sweet Relief Musicians Fund	17011	Date:
		om Sweet Relief Musicians Fund	17011	Date:
		om Sweet Relief Musicians Fund	170//	Date:
		om Sweet Relief Musicians Fund	1.10/1	Date:
		om Sweet Relief Musicians Fund	FUN	Date:
		om Sweet Relief Musicians Fund	FUN	Date:
		om Sweet Relief Musicians Fund	FUN	_Date:
		om Sweet Relief Musicians Fund	FUN	Date:
		om Sweet Relief Musicians Fund	FUN	_Date:
		om Sweet Relief Musicians Fund	FOR	Date:
		om Sweet Relief Musicians Fund	TOIN	_Date:
		om Sweet Relief Musicians Fund	FOIN .	_Date:

Sweet Relief Musicians Fund is a 501(c)3 non-profit charity. Federal ID# 95-4443269