

## Sweet Relief Musicians Fund – Grant Application

Full Name: \_\_\_\_\_  
(As it appears on your Social Security Card)

Professional Name: \_\_\_\_\_  
(If different)

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime/Evening Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Education:  Some High School  H.S. Diploma/GED  Some College  College Degree  Advanced Degree

(Optional) Ethnicity:  African-American  Asian-Pacific Islander  Biracial  Caucasian  Latino  Native American  Other  
(For statistical purposes only)

(Optional) Gender:  Male  Female  Other  
(For statistical purposes only)

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
(If applicable)

Is your spouse/partner employed?  Yes  No If yes, employer information: \_\_\_\_\_

### PROFESSIONAL CAREER HISTORY

\*Please state how many years you have worked in the music industry: \_\_\_\_\_

\*What do you do? (e.g. bassist, artist manager, songwriter etc.): \_\_\_\_\_

#### FOR MUSICIANS

\*What is your primary genre? (if applicable) : \_\_\_\_\_

What is the URL for your website? www. \_\_\_\_\_

Where can we find your music online? (Spotify, 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/ \_\_\_\_\_

### MEDICAL INFORMATION

Are you currently receiving treatment for any medical reason?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently able to work?:  Yes  Limited  No Are you taking any medication?  Yes  No

If yes, please list (name and dosage): \_\_\_\_\_

Do you have health insurance?  Yes  No Medicare?  Yes  No Medicaid?  Yes  No

Insurance company name: \_\_\_\_\_

Do you have dental insurance?  Yes  No Company Name: \_\_\_\_\_

## HOUSING

(If applying for housing assistance, a copy of current lease or mortgage coupon is required.)

Number of people in your household: \_\_\_\_\_ Monthly Rent/Mortgage: \$ \_\_\_\_\_ Your share: \$ \_\_\_\_\_

Current amount in arrears: \$ \_\_\_\_\_ Lease/Lender Information: (circle one) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been and/or are you currently receiving any other financial assistance from another organization(s)?  Yes  No

If yes, from whom? \_\_\_\_\_

When? \_\_\_\_\_ How much? \_\_\_\_\_

## MONTHLY BUDGET FORM

### Income:

Income from Work \$ \_\_\_\_\_  
Residuals & Royalties \$ \_\_\_\_\_  
Unemployment Insurance \$ \_\_\_\_\_  
Social Security Income \$ \_\_\_\_\_  
Social Security Disability \$ \_\_\_\_\_  
SSI (Supplemental Sec.) General Relief \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Veterans Benefits \$ \_\_\_\_\_  
Spouse/Partner's Income \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Union Pension(s) \$ \_\_\_\_\_  
Fund/Interest \$ \_\_\_\_\_  
Other Income:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Relief Grant(s) (Specify)  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

### Assets:

Checking Account \$ \_\_\_\_\_  
Savings Account \$ \_\_\_\_\_  
Other Accounts:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Real Estate (If Applicable)

Date Purchased \_\_\_\_\_  
Present Value \$ \_\_\_\_\_  
Payment \$ \_\_\_\_\_  
Are payments delinquent?  Yes  No  
If yes, how much? \$ \_\_\_\_\_  
In whose name is the property recorded? \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

### Expenses:

Rent/Mortgage \$ \_\_\_\_\_  
Second Mortgage \$ \_\_\_\_\_  
Home Insurance \$ \_\_\_\_\_  
Maintenance \$ \_\_\_\_\_  
Homeowner's Association Fee \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_

### Utilities:

Gas \$ \_\_\_\_\_  
Electric \$ \_\_\_\_\_  
Water/Sewer/Garbage \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cell Phone \$ \_\_\_\_\_  
Cable/Internet \$ \_\_\_\_\_

### Transportation:

Car Payment \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Gasoline \$ \_\_\_\_\_

### Medical/Dental:

Health Insurance \$ \_\_\_\_\_  
Medical Bills \$ \_\_\_\_\_  
Prescriptions \$ \_\_\_\_\_  
Dental Bills \$ \_\_\_\_\_

### Miscellaneous Expenses:

Life Insurance \$ \_\_\_\_\_  
Union Dues \$ \_\_\_\_\_  
Loan(s) \$ \_\_\_\_\_  
Credit Card(s) \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Child Supporter Payments \$ \_\_\_\_\_  
Alimony Payments \$ \_\_\_\_\_  
Laundry/Cleaning \$ \_\_\_\_\_  
Other (list):  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

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

Applicants reason for applying:

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Amount requested: \$ \_\_\_\_\_

I hereby certify that I have answered the questions in this application to the best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will disqualify me for any assistance from the Fund. I further agree to notify Sweet Relief Musicians Fund of any change in my financial situation from the time of my application to the time a grant is made to me.

I understand that the Grant Committee can require me to provide a copy of my first tax return filed after receiving a grant from the Fund and/or a summary of my total medical expenditures. (Any request for a summary of medical expenditures will be made within one year of the grant.)

My signature below constitutes acceptance of this requirement. I hereby authorize Sweet Relief Musicians Fund to communicate with other entertainment assistance organizations which might assist me and/or those people or organizations listed in this application, or later provided by me, regarding the information contained herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*or Guardian/Proxy*

I authorize Sweet Relief to communicate with the additional parties below to discuss my current situation if needed.  
*(If requesting rental assistance, please include your landlord.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*or Guardian/Proxy*