

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)

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: \$ _____

Applicants reason for applying:

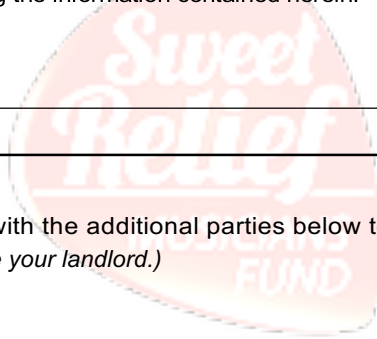
Amount requested: \$ _____

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