

Have you ever been a member of a performing rights organization? If yes, please indicate below the year you joined.

- ASCAP Year joined _____
- BMI Year joined _____
- SESAC Year joined _____
- AGMA Year joined _____
- AFM Local Year joined _____
- AFTRA Year joined _____
- Other _____

What was your adjusted gross income for each of the last two years? (Please supply a copy of last year's tax return, Federal and State)

Year _____ Amount _____ Year _____ Amount _____

PLEASE LIST YOUR ASSETS BELOW:	PLEASE LIST YOUR LIABILITIES BELOW:
Cash (Checking, Savings, CD'S, Credit Union, etc) \$ _____	Personal Loans (Please list all loans.) \$ _____
Bank Name _____ Account Number (s) _____	Lender _____ Expiration _____ \$ _____
Personal Residence \$ _____	Lender _____ Expiration _____
Automobile \$ _____ Make/Model/Year _____ Make/Model/Year _____	Unpaid Medical & Dental Bills \$ _____
Retirement Plans (IRA's, Pension Plans) \$ _____ Bank/Broker Name _____ Account Number _____	Doctor Name _____ Phone # _____ Account # _____ Hospital Name _____ Phone # _____
Other substantial Personal Property (jewelry, artwork, musical instruments, studio equipment or other. Please specify) _____ _____ _____ _____	\$ _____ Doctor Name _____ Phone # _____ Account # _____ Hospital Name _____ Phone # _____

Please attach a current statement from a Medical Doctor (MD) or current medical or hospital bills indicating your condition.

Please attach copies of outstanding medical bills if any for which you are requesting assistance.

If requesting funds for future treatment, please provide the name(s), phone number(s), and specialty, if any, of your health care provider(s)

If you (or your spouse/partner, if applicable) have other medical coverage, please indicate below:

- Medicare ___ A ___ B
- Medicaid
- Other _____

Have you (or your spouse, if applicable) applied for assistance from any other agency (governmental or otherwise), union, or guild? If so, please list organizations and amount(s) requested, received or pledged:

MONTHLY BUDGET FORM

Name & Date _____

Please submit supporting documents and bills to verify income/expenses below (e.g. check stubs. Public Benefits/Social Security award and denial letters, bank statements, lease and any requested bills below.)

INCOME

Salary from Work _____

Residuals & Royalties _____

Unemployment _____

Social Security Income _____

Social Security Disability _____

SSI (Supplemental Sec.) _____

General Relief _____

Food Stamps _____

Veteran Benefit _____

Spouse/Partner's Income _____

Alimony _____

Pension _____

Union Pension(s) _____

Child Support _____

Fund/Interest _____

OTHER INCOME (Please list source)

RELIEF FUND GRANT(S)

BANK ACCOUNT BALANCES

Checking Account _____

Savings Account _____

Other Account(s) _____

Assets: (e.g., CD, IRA, Stock, Life insurance, etc.)

Total **INCOME** above \$ _____

EXPENSES

Rent/Mortgage (your share) _____

Home Insurance _____

Maintenance/
Homeowners Fees _____

Food _____

UTILITIES

Gas _____

Water _____

Electric _____

Telephone/Fax _____

Cell Phone/Page _____

Cable _____

TRANSPORTATION

Car Payment _____

Car Insurance _____

Gasoline _____

Public Transit _____

MEDICAL / DENTAL

Health Insurance _____

Medical Bills _____

Prescriptions _____

Dental Bills _____

MISCELLANEOUS EXPENSES

Life Insurance _____

Union Dues _____

Loan(s) _____

Credit Cards (name & list full balance)

Laundry/Cleaning _____

Other (name & list full balance)

Total **EXPENSES** above \$ _____

