

Musicians Foundation, Inc.

Established by "The Bohemians"
(New York Musicians Club) Incorporated 1914

APPLICATION FOR
FINANCIAL ASSISTANCE

PLEASE PRINT ALL INFORMATION

Name

Today's Date

Home Address

City

State

Zip

Daytime Phone

Social Security Number

Date of Birth

Evening Phone

Marital Status

Spouse/Partner's Name

Cell Phone

E-mail Address

Please list the names, relationship to you, and ages of all your dependents: _____

Describe your condition and why you need assistance (e.g. For hospital treatment, for living expenses if unable to work, etc.)
Please be specific.

Amount Requested: \$ _____

How did you learn of the Musicians Foundation? _____

Please indicate below the categories in which you have been involved and the length of time you have been active in that area and the approximate number of times you performed publicly in that area.

- | | | |
|---|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Vocalist, Singer | Length of time active _____ | Number of public performances _____ |
| <input type="checkbox"/> Songwriter, Composer, Arranger | Length of time active _____ | Number of public performances _____ |
| <input type="checkbox"/> Instrumentalist, Musician | Length of time active _____ | Number of public performances _____ |
| <input type="checkbox"/> Other _____ | Length of time active _____ | Number of public performances _____ |

Please attach copies of any items indicating musician status; i.e. a biography, discography, newspaper clippings, sheet music, records, contracts, guild/union membership card, dues notice, or verification from other members of the music industry.



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New York, New York 10001

Telephone 212 239 9137
Facsimile 212.239.9138

www.musiciansfoundation.org
info@musiciansfoundation.org

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 \$ _____

Please let us know of any other circumstances that affect this application: _____

List three people we may contact who are familiar with your present situation:

_____ Name	_____ Phone Number
_____ Name	_____ Phone Number
_____ Name	_____ Phone Number

C E R T I F I C A T I O N A N D A U T H O R I Z A T I O N

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 Foundation. I further agree to notify the Musicians Foundation 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 Foundation 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 Musicians Foundation 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.

All information is confidential.

_____ Signature of Applicant	_____ Date
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_____ Signature of Spouse/Partner (if applicable)	_____ Date
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