



**Please read the following before requesting assistance:**

Candidacy for assistance depends, among other factors, on the availability of funds and the number of eligible applicants, along with the following criteria:

- Except for retired or semi-retired older (ages 65+) industry workers, the applicant must have, or recently have had, a serious medical or mental health condition. A condition is considered to be serious when it substantially affects the applicant's ability to work within or outside the music industry (i.e. a survival job). **A diagnosis by a medical doctor, or hospital or medical bills indicating such condition, must be provided.**
- The applicant must demonstrate financial need. Sweet Relief may request tax returns, bank statements, and/or any other information deemed necessary to verify such need.
- Except for retired or semi-retired older musicians, the applicant must be able to show that at least 50% of their annual income comes from their work as a musician or in other music industry related jobs.
- Our grants for older musicians and music industry workers provide short-term assistance for basic needs.
- **FOR MUSICIANS:** The applicant must be a musician who has regular public performances, or performed on at least three widely released recordings (audio or audiovisual), or written music that has been performed on three widely released recordings, or published on three occasions. The term "Musician" includes vocalists, songwriters, composers, arrangers, and instrumentalists.
- **FOR INDUSTRY WORKERS:** The applicant must be a music industry worker that makes 50% or more of their income from this field. "Music Industry Workers" includes artist managers, tour managers and crew workers, booking agents, producers, recording engineers, music teachers, and publicists.

# 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)

\*Gender:  Male  Female  Transgender  Prefer not to say  
(Used for statistical purposes)

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*