

**MUSIC FUND of LOS ANGELES
GRANT APPLICATION FORM**

Please fill out the entire application, front and back, to the best of your ability. Do not leave any questions blank. Please do not staple any part of your application or supporting documents.

1. Name _____
 2. Address _____
 3. City _____ State _____ Zip Code _____
 4. Are you a U.S. Citizen or Permanent Resident of the U.S.? _____
 5. Instrument(s) _____
 6. Do you work at any other trade or profession? _____
 7. What percentage of your yearly income is derived from music performance? _____ %
 8. Do you have any dependents? _____ If "yes," how many? _____
 9. Give a brief summary of your disability, (include nature, cause, length of disability) _____

- Are you presently physically able to work as a musician if an engagement was offered to you?

10. Give a brief summary of your indebtedness, and/or monthly financial obligations **for which you are seeking assistance**. (please use reverse side of application if necessary)

 11. Date of last professional engagement _____ Amount Earned \$ _____
 12. Do you have any other source of income? _____ If yes, describe briefly the nature and amount _____
 13. Do you have any assets such as a bank account, savings or property? _____
If yes, describe briefly the nature and amount _____
 14. Have you received financial assistance from any other fund, including the Local 47 Relief Fund, within the past 24 months? _____ If "yes," what was the dollar amount received?
\$ _____

If you have received a grant, please state the entity which provided the grant:

Please state the date(s) on which you received grants within the past 24 months:

Have you received financial assistance from the Musicians Foundation of Los Angeles in the past? _____

If "yes", what was the dollar amount received, and when did you receive the grant? _____

15. Do you have a personal service corporation, or are associated with a corporation? _____
If so, please provide all relevant financial statements.

16. Are you receiving any of the following, and if "yes" in what dollar amount?

Social Security benefits: _____ Amount: \$ _____ per month

Social Security disability: _____ Amount: \$ _____ per month

State disability: _____ Amount: \$ _____ per month

Unemployment Compensation: _____ Amount: \$ _____ per month

Work Compensation benefits: _____ Amount: \$ _____ per month

AFM Pension payments: _____ Amount: \$ _____ per month

Other Income: _____ Amount: \$ _____ per month

17. Are you married? _____ If "yes," is your spouse working? _____

18. Please provide the Foundation with your Spouse's annual income: _____

19. Please provide the following documentation along with your completed application:

- ✓ Documentation proving that you have been employed as a professional musician over the past year
- ✓ Documentation regarding your current indebtedness (i.e. any and all outstanding bills)
- ✓ Documentation regarding your current illness/disability (i.e. hospital bills, doctor's letters, etc.)
- ✓ Documentation verifying checking/bank account balance(s)

Date _____ Signature _____

Phone _____ Social Security # _____

All financial statements claimed above must be verifiable. Local 47 Musicians Foundation reserves the right to request documentation prior to granting financial assistance.