

MUSICARES APPLICATION FOR COVID-19 RELIEF

ELIGIBILITY REQUIREMENTS AND PROCEDURES

Applicants must be able to document participation in one of the following areas:

- At least 3 years of employment in the music industry and/or
- 6 commercially released recordings (singles)
- 6 commercially or promotionally released music videos

Please include the following items required with the completed application:

(Applications will not be processed without this information)

- Detailed music industry background documentation (articles, liner notes, letters from employers, etc)
- A biography, resume, or discography
- Documentation of loss of income (copy of your contract, flyers or links to event sites listing your involvement in the canceled event, letter/email from employer identifying cancellation, etc)
- A copy of your lease or mortgage statement for payment consideration

Submit the application one of the following ways:

- Fax the documents to 615.327.0876
- Scan and email the documents to MusiCaresRelief@MusiCares.org

MusiCares for Music People MUSICARES.ORG

MUSICARES APPLICATION FOR COVID-19 RELIEF SERVICES

Name:			
(as it appears on your social se	curity card)		
Are you a member of a (applicants do not have to be a		er to receive assistance – j	for statistical purposes only)
Recording Academy			ACM
AF of MSAG	AFTRA		
Professional Name: (if different)			
Spouse/Partner Name: (if applicable)			
Home Address:		City/State:	Zip:
Mailing Address:(if different)		City/State:	Zip:
Daytime/Evening Phon	e #:		
Cell Phone #:			
Email Address:			
Social Security #:		Date of	Birth:
Education: Some H.S H.S. Di	ploma/GED Some	College College	Degree Adv. Degree
Ethnicity: African American Native American Otl		er Biracial Cau	ıcasian Latino
(optional – for statistical purpo	ses only)		
Marital Status:			
Average Monthly Hous	ehold Income: \$		

PROFESSIONAL CAREER HISTORY:

Please state how many years you have been employed in	the music industry:
What do you do?	Primary Genre:
Please provide a brief work history in the music industry: (include any commercially released recordings and/or videos, if applicable)	
Do you play an instrument(s)? Yes No If yes, plea (it is required that you attach your work history documentation such as result Are you currently employed outside of the music industry If yes, where?	me or discography to this application)
BRIEFLY DESCRIBE HOW YOU WERE AFFECTED FIL	NANCIALLY BY COVID-19:
I hereby certify that I have answered the foregoing quest facts herein stated are true and I understand that any mi may disqualify me for any assistance from MusiCares.	•
Signature of Applicant:	Date:

To the best of my knowledge, I certify that the above information is true.