



**APPLICATION FOR FINANCIAL ASSISTANCE  
AFM EMERGENCY RELIEF FUND  
(DO NOT Use This Application For Hurricane Relief)  
For Hurricane Relief, Fill Out The Hurricane Relief Fund Application**

**ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE:**

To Receive Assistance:

1. You must currently be a member in good standing of the American Federation of Musicians of the United States and Canada as well as a member in good standing at the time of the loss;
2. Prior to a disaster you must have resided in, or been employed as a professional musician in the affected county/counties that FEMA has identified as a "major disaster declaration-(individual assistance)" area as a result of a major disaster proclamation (examples: earthquake, wild fire, tornado), by a governor or the president prior to the occurrence of the circumstances giving rise to such proclamation; or in the case of a Canadian disaster a provincial state of emergency declaration;
3. You must have suffered one of the hardships (described in the application) as a result of the disaster **that is not reimbursable by insurance.**

**APPLICANT INFORMATION**

**First Name:**

**Middle Initial:**

**Last Name:**

**SSN (last 4 digits):**

**AFM Member Local:**

**Cell:**

**Other Phone:**

**E-mail:**

**PERMANENT ADDRESS**

**Address:**

**City:**

**State:**

**Zip Code:**

**CONTACT INFORMATION FOR NEXT THIRTY (30) OR MORE DAYS (IF DIFFERENT FROM ABOVE)**

**Address:**

**City:**

**State:**

**Zip Code:**

**NEEDS ASSESSMENT (COMPLETE THOSE THAT APPLY) – ADD ADDITIONAL PAGES IF NEEDED**

**Uninsured loss of damage to home (please describe in detail):**

**Need to relocate due to total loss or severe damage to your home:**

**Unreimbursed loss of employment (wages for musical engagement) for three weeks or longer due to the disaster (please describe in detail):**

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

ADDITIONAL COMMENTS

I hereby certify that the information provided in this application is true, correct, and complete. **By submitting this application I confirm that the described losses are not reimbursable by insurance.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit your application to:**

**AFM Emergency Relief Fund  
c/o American Federation of Musicians  
Attention: Nadine Sylvester  
1501 Broadway – Ninth Floor  
New York, NY 10036**

Please include any supporting documentation in your possession that you believe would be helpful to your application.

The AFM has sole discretion in the awarding of assistance.