



**APPLICATION FOR FINANCIAL ASSISTANCE FROM
MUSICIANS' RELIEF FUND
ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

Form-fillable PDF. <https://get.adobe.com/reader/>

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.
2. You must be primarily engaged as a freelance musician.
3. You must not be receiving post-COVID lockdown payments of any sort from a musical employer, which payments flow from an agreement between the employer and the AFM or one of its Locals.
4. You must reside and work in the United States or Canada.
5. You have lost work due to the COVID-19 Novel Coronavirus.

APPLICANT INFORMATION

First Name:	Middle Initial:	Last Name:
SSN/SIN (last 4 digits):	Your Local Union #:	
Cell:	Other Phone:	
E-mail:		

PERMANENT ADDRESS

Address:		
City:	State/Prov:	Zip/Postal Code:

LOCAL UNION CONTACT INFO

Street Address:		
City:	State/Prov:	Zip/Postal Code:

**RELIEF SUPPORT DETAIL (COMPLETE ALL THAT APPLIES) – ADD ADDITIONAL PAGES IF NEEDED
-- Lost work due to COVID-19 --**

Hiring Entity/Purchaser/Employer
Name: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Telephone: _____
Date(s) of lost work _____
Position (e.g., leader, solo, side, instrument, vocal, tech/sound, etc.) _____
Amount of compensation lost and not recoupable for this engagement cancelled due to the COVID-19 pandemic \$ _____
Additional detail:

ADDITIONAL COMMENTS OR INFORMATION NOT COVERED ON PREVIOUS PAGE

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.

Applications are considered on a first-come, first-served basis, and must be **received by November 15, 2020**. Payment amount is subject to availability of funds. Initial payments will not exceed \$300, but may be revised upward if additional funding permits.

I hereby certify that the information provided in this application is true, correct, and complete. **By submitting this application I confirm that the described lost work and compensation cannot be recouped (e.g., via insurance, contractually, with litigation).**

Name (Please print): _____

Signature: _____

Date: _____

Please submit this application via email.

You may save the completed form as a separate PDF file for emailing by clicking here

or you may print this application and scan it into a PDF or JPEG file

Email your application to the Musicians' Relief Fund at:

MusiciansRelief@afm.org

American Federation of Musicians of the US & Canada

www.afm.org