



**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:

Email:

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**

**Email: nsylvester@afm.org
Subject: AFM Emergency Relief Fund Application**

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.