Application for Assistance Due to Extraordinary Circumstances

Please send your completed application and supplementary materials to relief@nemrf.org with the subject “NEMRF application”

New England Musicians Relief Fund Eligibility Requirements:

- You must reside or be professionally active primarily in one or more of the six contiguous New England states.
- At least 50% of your income must have come from employment as a performing musician and/or music teacher in at least three calendar years since 2017.
- You are experiencing extraordinary financial hardship due to recent circumstances.
- If you are not sure you qualify by these measures, please do apply anyway. Other factors may be considered.

Required Documentation (Applications will not be processed without this information):

1. Completed Basic Application, Career History Section, and description and documentation of the extraordinary circumstances causing financial hardship.
2. Financial Statement (below). Financial information will be reviewed separately from the rest of the application and without your name attached.
3. Proof of Music Industry Employment. Examples can include: roster lists from concert programs or performing organization websites, resume with contact information for employers, proof of AFM union membership, online biography, discography, etc. If applicable, proof of school enrollment.
4. Follow-up documentation may be requested.

When scanning documents, we strongly recommend using one of the many excellent available scanning apps, such as Adobe Scan, CamScanner, or Genius Scan.

A demographic survey is also included, which will help us with tracking, reporting, and self-evaluating our commitment to equity and inclusion. It is not required, and your answers if you choose to respond are not reviewed or considered in the approval process.
Basic Application

Legal Name: First ____________________________ Last ____________________________
Professional Name (if different) ____________________________________________

Mailing Address __________________________________________________________ Apt # ______
City ____________________________ State _________________ Zip ____________

Home Address (if different) ________________________________________________ Apt # ______
City ____________________________ State _________________ Zip ____________

Phone ________________
Email Address ________________________________________________________________
Date of Birth: ____________________________

PROFESSIONAL CAREER HISTORY SECTION (required)

How many years have you worked in the music industry? ____________________________

What do you do? (e.g. bassist, opera singer, songwriter, teacher, etc.) ________________

What is your primary genre? (if applicable) ________________________________________

If you have a website, what is the URL? __________________________________________

If applicable, where can we find your music online? (Spotify, Apple Music, SoundCloud,
YouTube, professional Facebook/Instagram page, etc.) _______________________________

EXTRAORDINARY CIRCUMSTANCES

Please describe the nature of the circumstances causing extraordinary financial hardship. You may include this as a separate attached document if you prefer. Please also attach as much documentation as possible to support your request.
FINANCIAL STATEMENT (to be reviewed anonymously)

If you filed Individual returns, please provide your annual Adjusted Gross Income for each year, 2018, 2019 and 2020 as reported on your tax returns:

If you and your partner filed jointly, please provide your annual joint Adjusted Gross Income from your tax returns and also estimates of your individual income (from W2’s, 1099’s, etc.) for each year, 2018, 2019, and 2020:

Number of people in household:______________

Please estimate the amount of income lost and/or expenses incurred due to your extraordinary circumstances:

Do you receive regular support from a family member or somebody else (for example, paying your rent in part or full)? Yes / No. If yes, how much?

Do you and/or your household members have any other source of income? If yes, briefly describe nature and amount.

Have you received financial aid from any other source (e.g. MusiCares, AFM Petrillo Fund, Sweet Relief, …) in the last three years? If so, please provide amounts.

Are you currently receiving unemployment? Yes / No

If Yes, please provide Weekly Benefit Amount:__________________
VOLUNTARY DEMOGRAPHIC SURVEY

We are committed to equity and inclusion and view data as an essential tool to be accountable to this commitment. This information is being collected for tracking and reporting purposes and does not affect eligibility or selection.

I identify as: (select all that apply) (optional)

__Arab or Middle Eastern
__Asian, South Asian, or Southeast Asian
__Black or African-American
__Latinx
__Native or Indigenous
__Native American, Alaskan Native, or Native Hawaiian
__White or Caucasian
__Biracial or Multiracial
__Other
__I prefer not to answer

I identify as: (optional)

__Woman
__Man
__Non-binary
__I prefer to self-identify
__I prefer not to answer

I identify as transgender. (optional)

__Yes
__No
__I prefer not to answer

I identify as LGBTQIAP+. (optional)

__Yes
__No
__I prefer not to answer

I identify as disabled. (optional)

__Yes
__No
__I prefer not to answer
I attest that all of the information included in this application is true to the best of my knowledge.

Signature:____________________________________________  Date:_________________

Application Checklist

Have you:
☐ Completely filled out your contact information?
☐ Included detailed career history and financial information?
☐ Attached proof of music industry employment and other documentation to support your application?
☐ Signed the application?