



**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. You must have resided in, or been employed as a professional musician in, a county affected by an emergency or major disaster proclamation (examples: wild fire, tornado), by a governor or the president prior to the occurrence of the circumstances giving rise to such proclamation;
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 your Local:**

The Local should review each application and forward only those applications the Local supports for assistance to the AFM. Only applications received from the Local will be considered. **The Local should send the application(s) and all supporting documents to:**

**AFM Emergency Relief Fund  
c/o American Federation of Musicians  
Attention: Nadine Sylvester  
1501 Broadway, Suite 600  
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.