

## Sweet Relief & Backline – Mental Health Application

Full Name: \_\_\_\_\_  
(As it appears on your Social Security Card)

Professional Name: \_\_\_\_\_  
(If different)

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime/Evening Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Education:  Some High School  H.S. Diploma/GED  Some College  College Degree  Advanced Degree

(Optional) Ethnicity:  African-American  Asian-Pacific Islander  Biracial  Caucasian  Latino  Native American  Other  
(For statistical purposes only)

\*Gender:  Male  Female  Transgender  Prefer not to say  
(Used for statistical purposes)

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
(If applicable)

Is your spouse/partner employed?  Yes  No If yes, employer information: \_\_\_\_\_

### PROFESSIONAL CAREER HISTORY

\*Please state how many years you have worked in the music industry: \_\_\_\_\_

\*What do you do? (e.g. bassist, artist manager, songwriter etc.): \_\_\_\_\_

#### FOR MUSICIANS

\*What is your primary genre? (if applicable) : \_\_\_\_\_

What is the URL for your website? www. \_\_\_\_\_

Where can we find your music online? (Spotify, Apple Music, Soundcloud, etc.) : \_\_\_\_\_

What are your social media channels?:

**Facebook** https://www.facebook.com/ \_\_\_\_\_

**Instagram** https://www.instagram.com/ \_\_\_\_\_

**Twitter** https://www.twitter.com/ \_\_\_\_\_

### MEDICAL INFORMATION

Are you currently receiving treatment for any medical reason?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently able to work?:  Yes  Limited  No Are you taking any medication?  Yes  No

If yes, please list (name and dosage): \_\_\_\_\_

Do you have health insurance?  Yes  No Medicare?  Yes  No Medicaid?  Yes  No

Insurance company name: \_\_\_\_\_

Do you have dental insurance?  Yes  No Company Name: \_\_\_\_\_

Have you been and/or are you currently receiving any other financial assistance from another organization(s)?  Yes  No

If yes, from whom? \_\_\_\_\_

When? \_\_\_\_\_ How much? \_\_\_\_\_

### MONTHLY BUDGET FORM

**Income:**

Income from Work \$ \_\_\_\_\_

Residuals & Royalties \$ \_\_\_\_\_

Unemployment Insurance \$ \_\_\_\_\_

Social Security Income \$ \_\_\_\_\_

Social Security Disability \$ \_\_\_\_\_

SSI (*Supplemental Sec.*) General Relief \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Veterans Benefits \$ \_\_\_\_\_

Spouse/Partner's Income \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Union Pension(s) \$ \_\_\_\_\_

Fund/Interest \$ \_\_\_\_\_

Other Income:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Relief Grant(s) (*Specify*)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**Assets:**

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Other Accounts:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Real Estate (If Applicable)**

Date Purchased \_\_\_\_\_

Present Value \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_

Are payments delinquent?  Yes  No

If yes, how much? \$ \_\_\_\_\_

In whose name is the property recorded? \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

**Expenses:**

Rent/Mortgage \$ \_\_\_\_\_

Second Mortgage \$ \_\_\_\_\_

Home Insurance \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

Homeowner's Association Fee \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

**Utilities:**

Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Water/Sewer/Garbage \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Cable/Internet \$ \_\_\_\_\_

**Transportation:**

Car Payment \$ \_\_\_\_\_

Car Insurance \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

**Medical/Dental:**

Health Insurance \$ \_\_\_\_\_

Medical Bills \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_

Dental Bills \$ \_\_\_\_\_

**Miscellaneous Expenses:**

Life Insurance \$ \_\_\_\_\_

Union Dues \$ \_\_\_\_\_

Loan(s) \$ \_\_\_\_\_

Credit Card(s) \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Child Supporter Payments \$ \_\_\_\_\_

Alimony Payments \$ \_\_\_\_\_

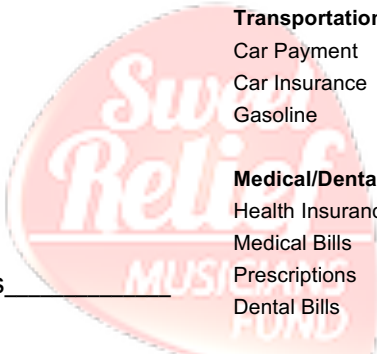
Laundry/Cleaning \$ \_\_\_\_\_

Other (list):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_



Applicants reason for applying:

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Amount requested: \$ \_\_\_\_\_

I hereby certify that I have answered the questions in this application to the best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will disqualify me for any assistance from the Fund. I further agree to notify Sweet Relief Musicians Fund of any change in my financial situation from the time of my application to the time a grant is made to me.

I understand that the Grant Committee can require me to provide a copy of my first tax return filed after receiving a grant from the Fund and/or a summary of my total medical expenditures. (Any request for a summary of medical expenditures will be made within one year of the grant.)

My signature below constitutes acceptance of this requirement. I hereby authorize Sweet Relief Musicians Fund to communicate with other entertainment assistance organizations which might assist me and/or those people or organizations listed in this application, or later provided by me, regarding the information contained herein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*or Guardian/Proxy*

I authorize Sweet Relief to communicate with the additional parties below to discuss my current situation if needed.  
*(If requesting rental assistance, please include your landlord.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*or Guardian/Proxy*