

## DWP Family Fund

### Eligibility Requirements:

- At least 3 years where more than 50% of your income came from employment in the music industry.

**Required Documentation:** Please include the following items required with the completed application:  
(Applications will not be processed without this information)

- Proof of Music Industry Employment (note from employer(s) identifying loss of income)
- A resume

### Application (\*required):

\*Name: First \_\_\_\_\_ Last \_\_\_\_\_

### \*Mailing Address

\_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

### Home Address (if different)

\_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_

### \*Preferred Way To Contact (circle all that apply):

Phone      Email      Ground Mail

\*Permission to leave voicemails that include personal information: Yes / No

\*Social Security Number \_\_\_\_\_ \*Date of Birth(MM-DD-YYYY) \_\_\_\_\_

**PROFESSIONAL CAREER HISTORY SECTION** (\*required)

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

\*What do you do? (e.g. stage manager, guitar tech, tour manager, etc.)

---

\*Briefly describe how you were affected by Covid-19

---

---

**OPTIONAL SECTION** (there is no consequence for not including this information. This information is examined by Sweet Relief to understand the diversity of applicants)

**Ethnicity:**

White  Hispanic or Latino  Black or African American  Native American or American Indian

Asian / Pacific Islander  Other (please specify) \_\_\_\_\_

**Gender:**  Female  Male  Other (please specify) \_\_\_\_\_

**Marital Status:**  Single  Married  Domestic Partnership  Separated  Divorced  Widowed

Average Monthly Household Income: \_\_\_\_\_

Are you currently receiving unemployment? Yes / No

If so, please provide weekly amount: \_\_\_\_\_

\_\_\_\_ I hereby certify that I have answered the foregoing questions to the best of my ability. The facts herein stated are true and I understand that any misrepresentation of this information may disqualify me for any assistance from Sweet Relief Musicians Fund.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_