



## MUSICARES APPLICATION FOR COVID-19 RELIEF

### ELIGIBILITY REQUIREMENTS AND PROCEDURES

**Applicants must be able to document participation in one of the following areas:**

- At least 3 years of employment in the music industry and/or
- 6 commercially released recordings (singles)
- 6 commercially or promotionally released music videos

**Please include the following items required with the completed application:**

*(Applications will not be processed without this information)*

- Detailed music industry background documentation (articles, liner notes, letters from employers, etc)
- A biography, resume, or discography
- Documentation of loss of income (copy of your contract, flyers or links to event sites listing your involvement in the canceled event, letter/email from employer identifying cancellation, etc)
- A copy of your lease or mortgage statement for payment consideration

**Submit the application one of the following ways:**

- Fax the documents to 615.327.0876
- Scan and email the documents to [MusiCaresRelief@MusiCares.org](mailto:MusiCaresRelief@MusiCares.org)

**MusiCares for Music People**  
**MUSICARES.ORG**

## MUSICARES APPLICATION FOR COVID-19 RELIEF SERVICES

Name: \_\_\_\_\_  
*(as it appears on your social security card)*

Are you a member of any of the following?  
*(applicants do not have to be a Recording Academy member to receive assistance – for statistical purposes only)*

Recording Academy \_\_\_\_\_ HAAM \_\_\_\_\_ CMA \_\_\_\_\_ ACM \_\_\_\_\_  
AF of M \_\_\_\_\_ SAG \_\_\_\_\_ AFTRA \_\_\_\_\_

Professional Name: \_\_\_\_\_  
*(if different)*

Spouse/Partner Name: \_\_\_\_\_  
*(if applicable)*

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

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(if different)*

Daytime/Evening Phone #: \_\_\_\_\_ / \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education:  
\_\_ Some H.S. \_\_ H.S. Diploma/GED \_\_ Some College \_\_ College Degree \_\_ Adv. Degree

Ethnicity:  
\_\_ African American \_\_ Asian/Pacific Islander \_\_ Biracial \_\_ Caucasian \_\_ Latino \_\_  
Native American \_\_ Other  
*(optional – for statistical purposes only)*

Marital Status: \_\_\_\_\_

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

