



**Musicians Lifeline, Inc.**

3 Whyndwood Rd.

Simsbury, CT 06070

## Grant Application

All information included in this application will not be shared and will be used solely by the Musicians Lifeline, Inc. to determine grant eligibility.

### Applicant Information

Full Name

*Last*

*First*

Address

*Street Address*

*City*

*State*

*ZIP Code*

Home Phone

Mobile Phone

E-Mail

I prefer to be contacted by

E-Mail

Phone

Marital Status

Number & Age  
of Dependents

Have you applied for assistance from other sources?

Examples: community assistance , other musician assistance organizations or similar. If yes, please include the organization names and application dates.

### Description of Needed Assistance

*Please describe what you need assistance with and why you need assistance.*

## Musical Involvement

*Please describe your musical involvement in the New England region, including but not limited to recordings, public performances, involvement in groups or associations, etc.*

*Include copies of any items indicating your musician status. For example: newspaper clippings, records, contracts, verification from other music industry members, etc.*

## Financial Information

*Please list all of your financial information in the following categories.*

**Important: Please include copies of any bills for which you seek assistance.**

### Part 1: Your Monthly Budget

| Income                       | Monthly | Expenses                    | Monthly |
|------------------------------|---------|-----------------------------|---------|
| Salary                       | _____   | Rent                        | _____   |
| Spouse/Partner Salary        | _____   | Mortgage                    | _____   |
| Social Security Disability   | _____   | Home Insurance /Maintenance | _____   |
| Disability Insurance         | _____   | Homeowner's Fees            | _____   |
| State Disability             | _____   | Groceries                   | _____   |
| Supplemental Security Income | _____   | Electric                    | _____   |
| Social Security Income       | _____   | Heating                     | _____   |
| Unemployment                 | _____   | Water                       | _____   |
| Food Stamps                  | _____   | Telephone                   | _____   |
| Veteran's Benefits           | _____   | Cell Phone                  | _____   |
| Union Pensions               | _____   | Cable                       | _____   |
| Alimony                      | _____   | Car Payment(s)              | _____   |
| Child Support                | _____   | Car Insurance               | _____   |
| Trust Fund Interest          | _____   | Gasoline                    | _____   |
| Trust Fund/Interest          | _____   | Public Transit              | _____   |
| Workmen's Comp               | _____   | Health Insurance            | _____   |
| Other Income                 | _____   | Medical Bills               | _____   |
|                              |         | Prescriptions               | _____   |
|                              |         | Dental Bills                | _____   |
|                              |         | Life Insurance              | _____   |
|                              |         | Union Dues                  | _____   |
|                              |         | Loan Payments               | _____   |
|                              |         | Credit Card Payments        | _____   |
|                              |         | Other Payments              | _____   |

## Part 2: Your Liabilities

### Enter the totals for your liabilities

|  |                      |
|--|----------------------|
| Mortgage(s)/Home Equity Line of Credit | Total Value \$ _____ |
| Automobile Loan                        | Total Value \$ _____ |
| Credit Cards                           | Total Value \$ _____ |
| Other Loans                            | Total Value \$ _____ |

## Part 3: Your Assets

### Enter your gross income for the past 2 years. Note: you may be asked for copies of your tax returns.

|                        |          |
|------------------------|----------|
| Income Last Year       | \$ _____ |
| Income the Year before | \$ _____ |

### Enter the value of your assets

|                                   |                      |
|-----------------------------------|----------------------|
| Cash (Checking, Savings, CDs)     | Total Value \$ _____ |
| Investments (Stocks, Bonds, etc.) | Total Value \$ _____ |
| Automobile                        | Total Value \$ _____ |
| Retirement Plans                  | Total Value \$ _____ |
| Other Assets                      | Total Value \$ _____ |

## Certification and Authorization

I hereby certify that I have answered the questions in this application to the best of my ability. The facts stated herein are true and I understand that any misrepresentation or false information will disqualify me from receiving any assistance. I further agree to notify the Musicians Lifeline, Inc. of any change in my financial situation from the time of my application to the time a grant is made.

I agree to comply with any requests by the Musicians Lifeline, Inc. for additional documentation, such as tax returns, that may be necessary for a complete review of this application. I also authorize the Musicians Lifeline, Inc. to communicate with any organizations listed in this application or later provided by me, regarding the information contained herein.

Applicant  
Signature \_\_\_\_\_

Date \_\_\_\_\_