

# Nashville Musicians Association Crisis Assistance Fund

Application Form - Please Print

1. Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_
2. Applicant's Phone Number: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Marital status: \_\_\_\_\_ Number of dependents: \_\_\_\_\_
6. Primary Instrument(s): \_\_\_\_\_
8. Is applicant currently employed? \_\_\_\_\_
9. Name of employer (or former employer): \_\_\_\_\_
10. Reason for/Circumstances of financial difficulties: \_\_\_\_\_  
\_\_\_\_\_
11. What is the approximate income lost and for how long? \_\_\_\_\_  
\_\_\_\_\_
12. Please explain any additional reasons for applying for assistance  
(Can be attached as a separate document)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please supply any and all applicable documentation you have to support claims\*\***  
(Income tax returns, inventory lists, insurance or medical documents, photos, etc.)

*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 the information may disqualify me for any assistance from the Nashville Musicians Association Crisis Assistance Fund.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(and/or) Signature of witness or person applying on behalf on applicant:  
\_\_\_\_\_ Date: \_\_\_\_\_