



COVID-19 Virus/Tornado Relief Assistance Application

Grants will provide emergency financial assistance to music professionals who have been negatively impacted by the Nashville Tornadoes and/or the COVID-19 public health crisis. Emergency financial assistance is available for people who are unable to pay their basic living expenses (food/housing/health care) over the next two months. We ask that if you have the resources to cover that period, please wait to apply. These are unprecedented times and we all must steward our resources very carefully.

ELIGIBILITY REQUIREMENTS AND PROCEDURES

(Applications will not be processed without this information)

Documentation Requirements:

1. Proof of Employment

Applicants must have at least 3 years of music industry employment.

Detailed music industry background documentation can include any of the following: articles, liner notes, letters from employers, biography, resume, or discography.

2. Current Financial Need

Applicants must be able to document loss of income from the tornado or COVID-19

Acceptable documentation can include any of the following: copy of your contract, flyers or links to event sites listing your involvement in the canceled event or letter or email from employer identifying cancellation, etc.

3. Income/Financial Status

Applicants must provide most recent bank statement. Printouts from your ATM or screen shots of your account will not be accepted.

NOTE: If you are requesting assistance for health insurance premiums, please submit a copy of your health insurance monthly premium documentation from your health insurance company.

Submit the application and documentation in one of the following ways:

- Fax the documents to 800-934-1977
- Scan and email the documents to info@musichealthalliance.com

Please select from one of the following areas of need for consideration with this grant request:

- Health Insurance Premium Assistance Food Assistance Medication Assistance Testing/Doctor Visit

Are you currently a Music Health Alliance Client: YES NO

Legal Name: _____ Professional Name: _____

Address: _____

Mailing Address (if different): _____

Cell Number: _____ Home Number: _____

Date of Birth: ____/____/____ Email Address: _____

SSN: _____ Marital Status: Married Single Divorced

Spouse's Name: _____ Is spouse employed? Yes No

Is your spouse or partner employed? Yes No If yes, where? _____

Any Dependents? Yes No If yes, ages: _____

Primary Genre of Music: Americana Country Blues/Jazz Gospel/Christian Pop/Rock Other _____

Who referred you for assistance? _____

Are you been assisted by other industry foundations? Yes No If yes, what organizations, year, amount?
(MusiCares, Opry Trust, ACM, Gospel Music Trust, Actors Fund, etc.):

PLEASE DESCRIBE HOW YOU HAVE BEEN AFFECTED FINANCIALLY BY THE TORNADO OR COVID-19:

What are your specific needs?: _____

Are you able to work? Yes No Limited

I hereby certify that I have answered the forgoing 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 the organizations considering financial assistance.

Signature of Applicant: _____ Date: _____

To the best of my knowledge, I certify that the information provided is true