

### Application for Assistance

- Applicant must be a Brevard County resident for at least one year prior to application.
- Applicant must make the majority of income by working in the local music industry.
- Applicant must be out of work at least 30 days due to illness or injury prior to application.
- Applicant's spouse or living partner has to earn less than \$25,000 per year.
- Applicant must agree to have name and amount of aid published on [www.brevardmusicaid.com](http://www.brevardmusicaid.com).
- Applicant must submit following documents with application: a copy from last year's tax return (you can black out your social security number), a copy of rent/mortgage payment, and a copy from your doctor's office concerning your case.

Applicant's Name:..... DOB:.....  
Mailing Address:.....  
City.....Zip Code:.....Tel#.....

Date last worked..... Date expected to return:.....  
Occupation..... Name of Band/Venue:.....  
Approx earning per week..... from music.....from other occupation.....  
List 5 musicians' names and tel#.....

Name of spouse..... Occupation.....  
Employed by..... How long.....  
Approximate earnings per year.....  
Number of children.....ages.....children at home.....

Is anyone sharing household expenses with you.....  
Name.....Employed by.....

Amount of income you are receiving from  
Child support.....Social Security.....  
Workman's comp.....Any other.....

Property you own: Home.....Auto.....Other.....

Description of illness or tragedy.....  
.....  
Doctor's name.....Phone#.....

I certify all information to be true, accurate and complete

Signature..... Date.....  
Date received.....Investigated by.....  
Action taken.....

