Application for Financial Assistance
Local 99 Emergency Relief Fund (L99-ERF)

To be eligible for assistance, you must meet the following qualifications:

- Applicant must be a member in good standing of Local 99 for a minimum of one (1) year and living within the jurisdiction of Local 99 (if suspended due to emergency circumstances, that will be taken into consideration).
- Applicant must not be delinquent on any work dues owed.
- Applicant must earn at least 50% of their income from music.
- Applicant must fill out and submit this L99-ERF application, which will require a record of bills or medical records, plus a current record of assets. Relief Fund checks will be issued directly to creditors, unless direct payment to the applicant is approved by committee. Financial need will be determined based on household income (applicant and spouse or domestic partner, if applicable). Applications may only be submitted once per year, except under special circumstances.
- Secretary/Treasurer's office will refer applicants to other relief sources when applicable.

_____ _____
Full Name Date of Application

_____ _____ _____
SSN (last 4 digits) Cell Phone Other Phone:

_____
E-mail

_____ _____
Address City

_____ _____ Yes ☐ No ☐
State Zip Code I am at this Address now

I prefer to be contacted by (check one) Phone ☐ E-mail ☐ Physical Mail ☐

_____ _____
Marital/Domestic Partner Name Employer

Please list the names, relationship to you, and ages of your dependents: _____

How many people live in your household? _____ What is the total amount and your portion of the monthly rent/mortgage payment? # of people_____ Total payment _____ Your share _____

Please describe why you need assistance:

Total Income lost, if applicable _____ Total Damages, if applicable _____

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Total Amount Requested: _____

What was your adjusted gross income for each of the last two years? (Note: You might be asked to supply your tax returns) 20___: $_____ 20___: $_____

Do you have any other source/s of income? Yes ☐ No ☐ If yes, describe the sources and the amount of additional weekly earnings.

What percentage of your total earnings are from music? _____

Date/Location of last professional engagement: _____

Please list the total value of each of your assets:

Cash (Checking, Savings, CD's) Total Value $ _____

Bank Name _____

Bank Name _____

Investments:

Stocks $ _____

Bonds $ _____

Partnerships $_____

Rental Properties $_____

Other _____ $_____

Personal Residence $_____

Automobile

Make/Model/Year _____ $_____

Make/Model/Year _____ $_____

Retirement Plans
(IRA's, Pension Plans) $_____

Cash Value of Life Insurance $_____

Company Name _____

Other Personal Property (jewelry, artwork, musical instruments, studio equipment, etc.) $_____

Other _____ $ _____

_____

Please list your liabilities below:

First Mortgage

Lender _____ $_____

Second Mortgage

Lender _____ $_____

Home Equity Line of Credit

Lender _____ $_____

Automobile Loan

Lender _____ $_____

Credit Cards

Bank Name _____ $_____

Bank Name _____ $_____

Bank Name _____ $_____

Other Loan(s)

Lender _____ $_____

Loans against Life Insurance

Company Name _____ $_____

Have you (or your spouse/partner, if applicable) applied for assistance from any other charitable fund, agency (governmental or otherwise), union, or guild? If yes, please list organizations and amount(s) requested, received or pledged:

_____

_____

Local 99's ERF policy is to make payments directly to doctors, hospitals, medical service providers, or other providers of necessities. Please indicate below any special circumstances that the Grant Committee should consider in deciding whether another payment method should be used in your case.

I hereby certify that the information provided in this application is true, correct, and complete. By submitting this application I confirm that the described losses are not reimbursable by insurance. I further agree to notify the L99-ERF of any change in my financial situation from the time of my application to the time a grant is made to me. **Any misrepresentation of this information may disqualify me for any assistance from the Local 99-ERF.**

_____

Name (Please print)

_____

Signature

_____

Date

Submit your application to:
Local 99 Emergency Relief Fund
c/o Musicians Union, Local 99
325 NE 20th Ave.
Portland, OR 97232

Please include any supporting documentation in your possession that you believe would be helpful to your application. Local 99 has sole discretion in the awarding of assistance.