

APPLICATION FORM

— DISASTER RELIEF GRANT



ELIGIBILITY

How did you hear about us?

Date :

D D M M Y Y Y Y

Application Type : Musician Promoter Music Industry Worker: (describe):

County of Residence: How Long lived in Charlotte, Collier or Lee County? (Yrs) :

PERSONAL INFORMATION

First Name : Have you received a prior grant? (Y/N) :

Last Name : Date of Birth :
D D M M Y Y

Full Address (Street/City.Zip) :

Status: Single Married Total Household Members (#) :

Total Earnings/Wages (after tax) from Music Industry in 2025 (\$) :

Total Earnings/Wages (after tax) from Music Industry in 2025 (\$) :

Total Income Household Earnings/Wages (after tax) Total in 2025 (\$) :

Total Income Household Earnings/Wages (after tax) Total in 2025 (\$) :

Total Losses due to illness/hardship not covered by insurance (Home, Auto, Property) :

Percentage of lost work due to illness/hardship (%) :

Percentage of lost work due to lost gear (%) :

E-Mail :

Gender : Male Female

More Information :
musicaliveswfl@gmail.com

Signature Of Applicant

SUBMIT THIS COMPLETED FORM TO MUSICALIVESWFL@GMAIL.COM