

## Entertainer's Foundation – Application for Assistance

Applicant must answer all questions on application. Incomplete applications will be returned for completion with no action taken. This will delay your request. If a line is not applicable, put N/A.

Applicant's Name (*First M.I. Last*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date last work: \_\_\_\_\_ Date expected to return to work: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Occupation with Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If less than one year with current employer, previous employers name:

\_\_\_\_\_ Telephone: \_\_\_\_\_

Married / Single: \_\_\_\_\_ Number of children living in household: \_\_\_\_\_

Approximate earnings per week / Source of Income: \_\_\_\_\_

Is anyone sharing/helping you with expenses?: \_\_\_\_\_

Person helping with expenses: \_\_\_\_\_

Amount of other incoming received:

Child Support: \_\_\_\_\_ Social Security Income (not ss#) \_\_\_\_\_

Workman's Comp: \_\_\_\_\_ Other: \_\_\_\_\_

Share of Rent/Mortgage: \$ \_\_\_\_\_ Date Due: \_\_\_\_\_

Power \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Household Gas \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_

Description of Hardship, Illness, Accident or Tragedy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are receiving treatment, where? \_\_\_\_\_ How Long? \_\_\_\_\_

What are your immediate needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(We can not assist with Credit Cards, Vehicle, Cable, Phone or Medical expenses)

**Qualifications for Expenses:**

1. Applicant must have worked, or been employed in the Entertainment Profession. Musician, DJ, MC, Comedian, Specialty Talent etc.)
2. Applicant must have been an Entertainer for a minimum of one year on a full time basis.
3. Applicant must be out of work ( at least ) 30 days prior to hardship.

**Each case is investigated. False or Incomplete information will result in no assistance.**

Applicant must submit one of the following with relevance to this application:

- Copy of last pay stub
- Copy of Utility Bill
- Copy of rent/mortgage payment
- Doctor's notice concerning illness

**I certify all information to be true, accurate and complete.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Entertainer's Foundation Inc PO BOX 236512, Cocoa FL 32923-6512 or Fax:(888)892-2687

*(Office use only)*

Date Received:

Investigated By:

Action Taken:

Check Number: