

ACM LIFTING LIVES COVID-19 RESPONSE FUND

Request for Assistance Application

The ACM Lifting Lives COVID-19 Response Fund serves members of the country music community who face an unexpected financial emergency as a result of the COVID-19 pandemic. The emergency must be wholly unforeseen by the applicant and beyond the applicant's control. The emergency must directly impact the applicant.

Please check all boxes that apply:

- Is this a sudden and unforeseen emergency situation that has caused financial hardship
- Is this related to the COVID-19 pandemic
- Is this a temporary financial hardship ("temporary" means that with the assistance of this Fund, the applicant could regain financial stability within a relatively short period of time)
- Is this a longstanding financial problem
- Other:

ELIGIBILITY REQUIREMENTS AND PROCEDURES

Applicants must be able to document the following:

1. At least (2) two years employment in the country music industry.

Please note the following items are required with the completed application. Exceptions may be considered due to extenuating circumstances. (ACM Lifting Lives staff is available to assist with the completion of the application and attachments, but cannot provide financial advice).

- resume
- detailed music industry background documentation (articles, liner notes, letters from colleagues, etc.)
- a copy of your most recent bank statement(s)
- copies of bills for which assistance is being requested

Once the application is received by ACM Lifting Lives, a staff member will contact the applicant to review the application and gather additional information if necessary. A confidential summary of the situation and information submitted will be compiled and forwarded to the committee for approval. The applicant will be notified of the committee's decision as quickly as possible.

ACM LIFTING LIVES COVID-19 RESPONSE FUND APPLICATION

PERSONAL INFORMATION

NAME:

(as it appears on your Social Security Card)

PROFESSIONAL NAME:

(if different)

SPOUSE/PARTNER NAME:

(if applicable)

ADDRESS:

(must be a physical street address)

CITY, STATE ZIP:

MAILING ADDRESS:

(if different than above)

CITY, STATE ZIP:

DAYTIME/EVENING PHONE:

/

CELL PHONE:

EMAIL ADDRESS:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

PROFESSIONAL CAREER HISTORY

PLEASE STATE HOW MANY YEARS YOU HAVE BEEN EMPLOYED IN THE COUNTRY MUSIC BUSINESS:

IN WHAT CAPACITY?

THE APPLICANT'S REASON FOR APPLYING FOR ASSISTANCE:

AMOUNT REQUESTED: \$ _____

IF APPLYING FOR FINANCIAL ASSISTANCE FOR MEDICAL OR DENTAL BILLS PLEASE REVIEW AND SIGN THE FOLLOWING.

As ACM Lifting Lives COVID-19 Response Fund (including its employees and other representatives) deem necessary to review and/or determine my eligibility to receive financial or medical assistance or other services from ACM LL, I hereby authorize ACM LL to obtain, and any health care provider (individual or entity, including any type of health care facility or ancillary provider) to release to ACM LL, any and all information about my health status and any medical condition. I understand and acknowledge that: a). such information may include, but is not limited to paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment, and b). such information may include information deemed confidential under State and/or Federal laws which regulate disclosure of same by a health care provider.

I also agree to reasonably cooperate with ACM Lifting Lives COVID-19 Response Fund in its efforts to obtain, and to update as necessary, such information, and such cooperation shall include executing any additional written consent(s). This authorization for medical information is valid for one year from the date of my signature below.

Signature of Applicant: _____
Date: _____

I authorize members of the ACM Lifting Lives COVID-19 Response Fund Committee to communicate with the additional parties below to discuss my current situation if needed. *(If requesting rental assistance, please include your landlord.)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby certify that I have answered the foregoing 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 ACM Lifting Lives COVID-19 Response Fund.

Signature of Applicant: _____

Date: _____

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

Signature of Applicant: _____

Date: _____

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

DATE COMPLETED: _____