

# Boston Singers' Relief Fund

A program of Boston Singers' Resource



P.O. Box 51832  
Boston, MA, 02205  
BostonSingersResource.org

*Application for Support – Individual*

## STRICTLY PRIVATE AND CONFIDENTIAL

- **Please complete every section. Please write legibly in black ink and do not forget to sign the form. Return completed form to the above address or via email to [info@bostonsingersresource.org](mailto:info@bostonsingersresource.org), including all relevant paperwork.**
- **Please attach a musical resume listing your current, past and future work as a singer.**

### COVER SUMMARY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of request \_\_\_\_\_

Brief description of occurrence/situation.

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AMOUNT REQUESTED: \$ \_\_\_\_\_

### INCOME FOR THE LAST CALENDAR YEAR (Jan. 1 through December 31)

Total earnings from singing: \_\_\_\_\_ Earnings from non-singing work: \_\_\_\_\_

Net income from investments/ stocks/ shares: \_\_\_\_\_ Income from any other sources: \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

Are you applying to another charity at the same time as you are making this application? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details:

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Boston Singers' Relief Fund Page 2

## EXPENDITURES FOR THE LAST YEAR

Please state in each case whether the amount you show is for weekly, monthly or annual expenditure.

### RENT

What is the rent per week/month? \_\_\_\_\_

Do you have any other charges associated with your rental agreement? \_\_\_\_\_

### MORTGAGE

What is the mortgage payment per month? \_\_\_\_\_

If you have a 2nd mortgage, how much is the repayment per month? \_\_\_\_\_

How long does the mortgage have left to run? \_\_\_\_\_

Do you own any other property? If so what? \_\_\_\_\_

### MONTHLY BILLS

Electricity: \_\_\_\_\_

Gas: \_\_\_\_\_

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

Water: \_\_\_\_\_

Food: \_\_\_\_\_

Clothing: \_\_\_\_\_

Household expenses: \_\_\_\_\_

### CAR COSTS

Car payment: \_\_\_\_\_

Car insurance: \_\_\_\_\_

Other car expenses: \_\_\_\_\_

### OTHER

Educational loans: \_\_\_\_\_

Credit card debt: \_\_\_\_\_

Childcare costs: \_\_\_\_\_

Any other expenditure: \_\_\_\_\_

**TOTAL EXPENDITURE \$** \_\_\_\_\_

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Boston Singers' Relief Fund Page 3

## ATTACHMENTS

### NARRATIVE (up to 2 pages)

Please write a description of your situation and your financial needs. Please list any specific events that may have occurred that caused this situation, if applicable. Attach the narrative to this application.

### TAX FORMS

Please attach copies of your IRS form 1040 or 1040ez, pages one and two. If necessary, the Boston Singers Relief Fund may ask for more documentation to support your application

### I confirm that:

1. The details I have given on this application form are true to the best of my knowledge.
2. If my material circumstances should change for the better, or if any other organization shall give me additional assistance, I will immediately inform the Boston Singers' Relief Fund. I accept that the BSRF reserves the right to withdraw any award made in whole or in part, and be reimbursed in full, should information come to light that materially contradicts the application I have made or if it is discovered that any award granted to me has been used for a purpose other than for which it was given.

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

*The Boston Singers' Relief Fund will only process data for the purposes of your application and will not release information to any third party for any reason without your written consent.*

*The Boston Singers' Relief Fund and Boston Singers' Resource prohibit discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference.*