



“NEVER SAID IT WAS EASY” FINANCIAL ASSISTANCE APPLICATION
(Please Check Which Applies)

- For Addiction Recovery**
 For Basic Needs
 For Medical Bills

The Christopher Conner Foundation may grant financial assistance for needs that have arisen due to unforeseen circumstances such as: rent, car payments, utilities, prescriptions, medical/dental expenses, psychotherapy and other expenses related to these categories. The Foundation may also grant financial assistance for needs related to substance or addiction problems which may include, but are not limited to: substance abuse treatment, psychotherapy, aftercare expenses, sober living, prescription costs, psychiatric care and other expenses related to these categories.

Eligibility Requirements and Procedures

Applicants must be able to document participation in one of the following areas:

- At least 2 years of being recognized as a musician
- Performed in public
- Plays an Instrument
- Takes music lessons
- A recorded and released CD

Please include the following required items with the completed application:

(Our staff is available to assist with the completion of the application and attachments if needed.)

- Copies of invoices for which assistance is being requested
- Detailed music industry background documentation (articles, liner notes, letters from employers, essay, video, etc.)
- A resume or discography
- A copy of your most recent bank statement(s)
- A copy of your most recent tax return

Once the application is received by The Christopher Conner Foundation, our Board of Directors Staff will contact the applicant to review the application and gather additional information if necessary. The applicant will be notified of the committee’s decision as soon as possible.

Assistance Limitations

When financial assistance is provided by The Christopher Conner Foundation, it is charitable in nature and therefore, before seeking such assistance, applicants are required to investigate all other possible sources of aid. All approved assistance is paid directly to a creditor/third party. At its sole discretion, The Christopher Conner Foundation reserves the right to deny or approve financial assistance.

“NEVER SAID IT WAS EASY” FINANCIAL ASSISTANCE APPLICATION

The information contained in this application is strictly confidential. Our staff is available, if necessary, to help you complete the application. If you have questions, please call 803.238.5509.

*****PLEASE PRINT CLEARLY IN INK*****

Name: _____ Professional Name: _____
(As it appears on your Social Security Card) *(If different)*

Spouse/Partner Name: _____
(If applicable)

Home Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/ State: _____ Zip: _____
(If different)

Daytime/Evening Phone Number: (___)/_____ Cell Phone Number: (___)_____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Marital Status: _____ Number of Dependents _____ Ages of Dependents _____

Is your spouse/partner employed? Yes No If yes, employer information:

MUSIC HISTORY:

Please state how many years you have been a musician or in the music industry and in what capacity: _____

Do you have any recordings and/or videos? Yes No

If so please list:

Do you play an instrument(s)? Yes No If yes, please list: _____

(It is required that you attach your work history documentation such as a resume or discography to this application.)

Are you currently employed outside of the music industry? Yes No If so, where?

MEDICAL INFORMATION:

Are you currently receiving treatment for any medical issue? Yes No

Are you taking any medication: Yes No

If so, please list (name, dosage and amount taken) _____

Have you ever been hospitalized and/or treated for a psychiatric and/or addiction issue?

Yes No If so, when? _____ Where? _____

Physician(s) Name: _____ Address/Phone: _____

Do you have health insurance? Yes No Medicare? Yes No Medicaid? Yes No
Insurance Company: _____

HOUSING:

Number of people in your household: _____
Monthly Rent/Mortgage: \$ _____ Your share: \$ _____
(If applying for housing assistance, a copy of current lease or mortgage coupon is required.)
LEASE/LENDER INFORMATION: *(circle one)* Name: _____
Address: _____ Phone: _____

TRANSPORTATION:

VEHICLE INFORMATION: Year/Make: _____ Model: _____
Car Registration Current? Yes No Insurance Current? Yes No Payment Current? Yes No
Loan Balance: \$ _____ Legal Registered Owner: _____

You may be eligible for additional assistance from other relief organizations. Are you or your spouse a member of any entertainment associations or organizations? Yes No
If yes, please list:

Have you been and/or are you currently receiving any other financial assistance from another organization(s)?
Yes No If so, who?

When? _____ How much? _____

I authorize The Christopher Conner Foundation 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 The Christopher Conner Foundation.

Signature of Applicant: _____ Date: _____
To the best of my knowledge, I certify that the above information is true.
Signature of Applicant's Spouse: _____ Date: _____
To the best of my knowledge, I certify that the above information is true.

DATE COMPLETED: _____

The applicant's reason for applying for assistance:

Amount requested: \$ _____

Monthly Budget Form: (Page 1 of 2)

INCOME:

Income from Work \$ _____
Residuals and Royalties \$ _____
Unemployment Insurance \$ _____
Social Security Income \$ _____
Social Security Disability \$ _____
SSI (*Supplemental Sec.*) General Relief \$ _____
Food Stamps \$ _____
Veteran Benefit \$ _____
Spouse/Partner's Income \$ _____
Alimony \$ _____
Child Support \$ _____
Union Pension(s) \$ _____
Fund/Interest \$ _____

OTHER INCOME:

(Financial assistance from family and friends)

\$ _____
\$ _____
\$ _____

Relief Grant(s) *(specify)*

\$ _____
\$ _____
\$ _____

TOTAL INCOME: \$ _____

ASSETS:

Checking Account \$ _____
Savings Account \$ _____
Other Accounts \$ _____
\$ _____
\$ _____

Real Estate *(if applicable)* Date Purchased _____

Purchase Price \$ _____

Present Value \$ _____

Payment \$ _____

Are Payments Delinquent? Yes No

If yes, how much \$ _____

In whose name is the property recorded?

TOTAL ASSETS: \$ _____

Monthly Budget Form: (Page 2 of 2)

EXPENSES:

Rent/Mortgage \$ _____
Second Mortgage \$ _____
Home Insurance \$ _____
Maintenance \$ _____
Homeowner's Association Fee \$ _____
Food \$ _____

UTILITIES:

Gas \$ _____
Electric \$ _____
Water/Sewer/Garbage \$ _____
Telephone/Fax \$ _____
Cell Phone/Pager \$ _____
Cable \$ _____

TRANSPORTATION:

Car Payment \$ _____
Car Insurance \$ _____
Gasoline \$ _____
Public Transit \$ _____

MEDICAL/DENTAL:

Health Insurance \$ _____
Medical Bills \$ _____
Prescriptions \$ _____
Dental Bills \$ _____

MISCELLANEOUS EXPENSES:

Life Insurance \$ _____
Union Dues \$ _____
Loan(s) \$ _____
Credit Card(s) \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
Child Support Payments \$ _____
Alimony Payments \$ _____
Laundry/Cleaning \$ _____

OTHER *(list):*

\$ _____

\$ _____

TOTAL EXPENSES: \$ _____