

EAR Emergency Relief Fund Application Form

Personal Information

1. Date:
2. Name:
3. Address:
4. Phone:
5. E-mail:
6. Artistic/Creative discipline:
7. How did you hear about EAR?
8. Are you currently or have you ever been an EAR member?
 - a. If you've never been a member, how did you learn about EAR?

Explanation of Situation/Emergency and Need

9. What is the nature of your emergency?
 - i. Attach documentation to support your emergency relief application (doctor's note, dentist's bill/estimate, overdue notice, etc.) where appropriate or possible.
10. Date(s) of emergency:
11. How much money are you requesting from the EAR Emergency fund? (maximum \$2500)
12. Is this your first time applying for funding? If no, when was the last time?
13. What will you use the funds for? Describe expenses you need to pay (if appropriate) and how this support will help stabilize your situation.
14. Do you have another health care plan besides basic Alberta Health coverage? If so, are there any limits to the coverage?

Employment and Income

a. Monthly Income from All Sources

Income:

Government Benefits:

Other Income:

b. Monthly Expenses:

Rent/Mortgage:

Studio Rent (if applicable):

Power/Water/Heat:

Phone:

Internet:

Groceries (include home and personal care – cleaning supplies, soap/shampoo):

Medical Expenses:

Insurance:

Transportation (car/gas/bus pass/etc.):

Other bills/payments/debt payments:

Miscellaneous:

15. What other grants or funding have you received in relation to this emergency (ie. insurance, fundraising efforts, etc)?

16. Include Line 150 of your tax return from the previous year: Also, if you have other income earners in your household, please note the previous year's combined total taxable income (line 150 of TAX RETURN):

References

a. Please list at least ONE reference who knows about your current situation.

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
| | | | |

b. Please list at least ONE professional reference who can verify your status as an arts professional.

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
| | | | |

Proof of Need May Require:

17. Please include if applicable:
- a) Artist's CV/Resume and up to 5 images
 - b) Professional artist statement
 - c) 2 months of bank statements (to confirm income and expenses)
 - d) 2 months of utility bills (to confirm residence, arrears and expenses)
 - e) 2 months of phone & internet bills (to confirm arrears and expenses)
 - f) Proof of Rent or Mortgage
 - g) Copy of Photo ID (to confirm identification)
 - h) Resume (employment resume) and employment status

Other Information

18. Alternative Contact

- a. Is there someone we may contact on your behalf if we are unable to reach you?

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
| | | | |

19. Please comment on any other aspect of your situation that you feel may be important and has not been explained in this application so far:

Statement of Truthfulness

I hereby state that all elements of this application are true, and I fully disclose my income from all sources.

Signature of Applicant

Date _____