

**The Actors Fund,
for everyone
in entertainment.**

Disaster Assistance Application

ELIGIBILITY REQUIREMENTS

- Minimum of three (3) years of earnings of \$6,500 for at least five (5) years as a professional in the performing arts and entertainment industry.

OR

- Minimum of 20 years of industry paid employment with a minimum of ten (10) years of earning of at least \$5,000.
- You must apply for FEMA or disaster unemployment assistance if you are eligible.

DOCUMENTATION REQUIREMENTS

To the best of your ability please include the following.

If you cannot access these documents just write this in on the application.

- Documentation of industry earnings
- Most recent federal Income Tax Return
- Bills for which you are requesting assistance
- Most recent complete bank statement

TO APPLY

- Visit actorsfund.org/GETHELP to apply online
- Email or fax to the office closest to your home as noted below

LOS ANGELES

The Actors Fund—Los Angeles Office
5757 Wilshire Boulevard, Suite 400
Los Angeles, CA 90036

Email: intakela@actorsfund.org

Fax: 323.933.7615

Phone: 323.933.9244

NEW YORK

The Actors Fund—NYC Office
729 7th Avenue, 10th Floor
New York, NY 10019

Email: intakeny@actorsfund.org

Fax: 212.764.6404

Phone: 212.221.7300 ext. 119

Questions? Please contact us. We will be in touch with as soon as possible.

Date: _____

FOR OFFICE USE ONLY
Client code: _____
Primary code: _____
Social Worker: _____

Disaster Assistance Application

What disaster have you been affected by? (eg. California wildfires, hurricane etc.)

First Name: _____ Middle Name: _____ Last Name: _____

AKA: _____ Birthdate: _____ Last 4 digits of SS#: XXX-XX-_____

Street Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ Other phone: _____ Email: _____

Union(s): _____ Union membership #: _____

Occupation(s): _____ Marital status: _____

of dependents and birthdates: _____

Monthly rent/mortgage: \$ _____ Payable to: _____

Current household income:	\$ _____	Source: _____	Assets: Checking: _____
	\$ _____	Source: _____	Savings: _____
	\$ _____	Source: _____	Investments: _____
	\$ _____	Source: _____	Other: _____

Approximate performing arts and entertainment income for the last five (5) years: (with year 1 being the most recent year)

Year 1 _____

Year 2 _____

Year 3 _____

Year 4 _____

Year 5 _____

HAVE YOU BEEN DISPLACED? Yes No

IF YES: Traveling with: Spouse Partner Boy/Girlfriend Friend Parent Children
Staying at/with: Friends Family Hotel/Motel Shelter Other

Can stay there how long?

Rent Own Extent of damage: _____

PLEASE DESCRIBE YOUR PROFESSIONAL CONNECTION TO THE ENTERTAINMENT INDUSTRY:

BRIEFLY DESCRIBE HOW YOU WERE AFFECTED BY THE HURRICANE:

DO YOU HAVE:

Homeowners Insurance Name of company: _____

Flood Insurance Name of company: _____

Renters Insurance Name of company: _____

HAVE YOU APPLIED FOR OR RECEIVED ASSISTANCE FROM ANY OF THE FOLLOWING?

SOURCE	DATE APPLIED	DATE RECEIVED	AMOUNT/IN KIND
FEMA			
Red Cross			
Food Stamps			
Disaster Unemployment			

I HAVE ALREADY SPOKEN WITH SOMEONE AT THE ACTORS FUND REGARDING THIS APPLICATION:

Yes No If yes, please indicate the staff member's name: _____

PLEASE DESCRIBE HOW WE CAN HELP, BE SPECIFIC:

I authorize The Actors Fund to seek verification of any bills presented and the release of information given herein for consideration by other entertainment relief funds. I attest that all of the above information is true and correct and understand that any misrepresentation of this information may disqualify me for assistance.

(Signature)

(Date)