

max's kansas city project

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We all Need a Band-Aid Sometime in Our Lives

Recipient Application for Individual Need –READ CAREFULLY! You must submit ALL required information to be eligible

The purpose of the *Max's Emergency Relief & Resource Fund* is to help individuals who are normally working, self sufficient and able to take care of their own needs. We assist steadily employed applicants in the arts who are experiencing a financial emergency or special need, or self employed applicants who have a STEADY work history but are experiencing a temporary financial set back. The expectation is that assistance will resolve a crisis and the applicant will again gain employment in the near future. Individuals seeking assistance need to reside in New York State. (Exceptions are made in some cases if applicant was affiliated with Max's Kansas City). Applicants whose arrears are so serious that assistance will not allow them relief from their difficulties "will not" be eligible for assistance. Please be specific as to the amount you are requesting and what it is needed for. Grants of financial assistance do not go to the applicant. Payment goes directly to creditor/third party.

You must explain specifically why you need assistance and why you cannot solve this problem yourself. In return for our financial assistance we request that you donate a work of your art to our auction. Other art disciplines need to tell us how their expertise might help support our efforts. If your application is approved we ask for a testimonial for our website and might ask for a letter of support to use when applying for grants that keep this ship afloat. Please include samples of your work and any awards, reviews, etc. All applications are confidential. We do not use your name unless we have your permission.

Name _____

Legal Address _____

Home telephone _____ Work phone _____ Email _____

Date of birth _____ Social Security # _____ marital status _____

List all individuals living in your household besides yourself _____ Do they contribute to the household expenses?

Financial Information

Are you receiving social security, worker's compensation, pensions, tax dividends, rental income, child support, or other any benefits please specify _____ You must provide statements. Please provide amounts _____

What is your combined gross household income from all sources? _____

We need proof of income and expenses including loans if any. If you are a free-lancer you must show all income received over the past three months including CASH payments to you.

If you cannot provide proof your application will not be considered.

What are your current personal & professional living expenses monthly? _____

Please be specific _____
You must provide copies of current bills rent, electric, phone, doctor, legal bills, bank statements and charge accounts (you may black out credit card account numbers).

1. You must send a copy of your most tax return.
2. A letter of reference from your employer or a professional associate.
3. Names, phone numbers and addresses of three professional references (not family members) that have known you for over 5 years so that we may call or write to them along with ALL support materials for proof of your artist status ie reviews, pay stubs, awards.

Have you received any funding in the last 2 years? Yes _____ No _____

From what organizations? How much did you receive?

What other grants have you applied for in the past 3 years? _____

Name of employer _____
How long have you been employed? _____

Over the years how have you given back to the community or helped to empower others in need? _____

Educational Experience _____

Please send a cover letter stating your specific need and situation (medical, housing, legal)

I affirm that the information provided in this application is true and accurate to the best of my knowledge. Your signature indicates that you authorize us to verify any and all information.

False or misleading statements of a material fact may subject the applicant to prosecution under New York Law. The IRS has the right to ask us at any time for the applications from our recipients.

Signature: _____ Date: _____
