

Application for Financial Assistance

First and Last Name or Legal Name of Organization

How long have you continuously lived or operated in St. Johns County? _____

How do you earn income as a creative professional or, if you represent an arts organization, what is your organization's primary source of revenue?

How has your income been disrupted? _____

As a result of this disruption, are you eligible for unemployment benefits or other financial support?

Yes

No

Are you currently employed?

Yes

If yes, please identify your employer and provide your approximate monthly income

No

Contact Information

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address _____

Individual artists, please complete the following information:

Do you have any dependents?

Yes

If yes, please provide age(s) of and your relationship to such dependent(s):

No

Do you currently rent or own your home?

Rent

Own

What is your monthly rent/mortgage payment amount? _____

What are your approximate monthly utilities? _____

Arts organizations, please attach proof of nonprofit status and an income statement and balance sheet for your most recent fiscal year.

Financial Assistance Information

Amount Requested (\$500 maximum for individual artists; \$1000 for arts organizations)

How immediate is your need?

- This is a pressing emergency that needs resolution in the next few days
- This is a need that requires resolution in the next few weeks
- This need will require resolution in the next several months

Do you have any bills that are past due?

- Yes
- No

If yes, please identify and provide amount due: _____

What significant bills or expenses are upcoming? When are they due? In what amount?

Please describe your emergency in detail and how it presents an extraordinary crisis.

Have you received assistance from any other programs related to this emergency?

- Yes

If yes, from what source and in what amount: _____

- No

Please describe how you will utilize any emergency funds provided:

Certification and Authorization

I hereby certify that I have answered the questions in this application to the best of my ability and that each answer is true and correct.

Signature

Print name (and title, if signing on behalf of organization)