

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

**Hurricane Emergency Assistance Fund
Application for Hurricane Relief**

Eligibility Requirements and Procedures

**For assistance through the SAG-AFTRA Foundation
or SAG-MPPWF**

- Paid up SAG-AFTRA membership

OR

For assistance through The Actors Fund

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

You must apply for FEMA or disaster unemployment assistance if you are eligible.

To apply for assistance, please:

Visit actorsfund.org/GetHelp to apply online.

OR

Fill out this application and email or fax to our office as noted below.
Questions? Please contact us. We will be in touch with you as soon as possible.

FOR HARVEY ASSISTANCE:

The Actors Fund—Los Angeles Office
Email: intakela@actorsfund.org
Fax: 323.933.7615
Phone: 323.933.9244
5757 Wilshire Boulevard, Suite 400
Los Angeles, CA 90036

FOR IRMA ASSISTANCE:

The Actors Fund—NYC Office
Email: intakeny@actorsfund.org
Fax: 212.764.6404
Phone: 212.221.7300 ext. 119
729 7th Avenue, 10th Floor
New York, NY 10019

Date: _____

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

The Actors Fund Hurricane Application

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: _____

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: _____

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
<u>FEMA</u>			
<u>Red Cross</u>			
<u>Food Stamps</u>			
<u>Disaster Unemployment</u>			

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)