



*Application for Support – Individual COVID-19*

**COVER SUMMARY**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Date of occurrence \_\_\_\_\_
5. Brief description of occurrence or circumstances related to request for funding:

6. **AMOUNT REQUESTED:** \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Expenses incurred from occurrence or circumstances related to request for funding\*  
\*Please include supporting documentation for all expenses listed above. These can include but are not limited to: police, fire and/or damage reports; insurance claims (noting deductible, if relevant); medical reports; proof of income (contracts, pay stubs); estimates for required services; etc.
  - a. Loss of income \_\_\_\_\_ (ie, salary, contract fees, other income)
  - b. Loss of property \_\_\_\_\_
  - c. Medical and/or professional services \_\_\_\_\_
  - d. Other \_\_\_\_\_

**PLEASE CONTINUE on PAGE 2 of APPLICATION**



2. Existing revenue to handle occurrence – list sources

- a. Health insurance \_\_\_\_\_
- b. Property insurance \_\_\_\_\_
- c. Is theatre your primary source of income? Please list other employment income for you and your household
- d. Personal resources (savings, other income, etc.) \_\_\_\_\_
- e. Donations, funds raised from other sources \_\_\_\_\_
- f. Other \_\_\_\_\_
- g. TCBF \_\_\_\_\_

**ATTACHMENTS**

- 1. Per above, please include all supporting documentation for expenses.
- 2. Please include: **A copy of your resume** and **names and contact information of three people** we could call for a reference: 2 professional, 1 personal
- 3. **NARRATIVE** (up to 2 pages, use additional sheet if necessary)  
Please write a detailed description of the loss/damage sustained including any subsequent repercussions on livelihood, living space, ability to work, etc. Please let us know how you would apply resources already available, if any, toward handling the loss/damage and to what use you would put TCBF funding.

**Please send all materials to:**

**Email – [TCBFBoston@gmail.com](mailto:TCBFBoston@gmail.com)**

**Mail – TCBF, PO BOX 327, 411A Highland Ave, Somerville MA 02144**

Signature \_\_\_\_\_ Date \_\_\_\_\_