



Application for Support - Individual

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 _____

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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

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

The completed application, including all attachments, must be received within 45 days of the date the incident/event/etc. An applicant may apply up to three times for the same need/occurrence and may only apply once per calendar year for the same need/occurrence.

Signature _____ Date _____