Coda Jazz Fund Application

APPLICANT AND APPLICANT'S REPRESENTATIVE'S INFORMATION

Name of Applicant (Deceased):					
(First)	(Middl	(Middle)		(Last)	
Address:(Street)					
(Street)	(City)	(State)	(Zip)		
Date of Birth:	_ Date o	Date of Death:			
Marital Status at time of death: Single	Married	_ Divorced _	Widowed		
Social Security Number:		Male	Female		
Name of person submitting this Application		<u> </u>	(T		
	(First)	(Middle)	(Las	st)	
Address:					
(Street)	(City)	(State)	(2	Zip)	
Telephone number(s): home:		work:			
Relationship to the Applicant:					
QUAL	IFYING DAT	A			
Was the Applicant a member of the musician's union?			Yes	No	
Did the Applicant play jazz for at least 20 years?			Yes	No	
Did the Applicant start his/her jazz career in Kansas City?			Yes	No	
Was the Applicant's principal form of income from playing jazz music?			Yes	No	
PERSONA	L INFORMA	TION			
1.) Applicant's list of total assets:					

2.) Applicant's list of total liabilities:
3.) Applicant's net worth:
4.) Cost of funeral as estimated by funeral home. (Attach statement which includes funeral home name, address and contact person(s).)
5.) Applicant's jazz experience in Kansas City.
6.) Applicant's length of time in musician's union.
7.) What instrument(s) did the Applicant play?
8.) Names of surviving family members and relationship to Applicant:
9.) Have other applications for grants to pay for funeral expeses been made? If so, from whom and how much does the estate expect to receive?
10.) Are there any death benefits, such as insurance, that will be paid to the estate? If so, from whom and how much does the estate expect to receive?

Please attach copies of the following documents:

1.)	Legal authorization to represent the decease	ed Applicant (i.e	. power of attorney	, will, probate
	judgment, etc.).			

- 2.) Birth Certificate or Driver's License.
- 3.) Certified copy of death certificate.
- 4.) Copy of most recent federal, state and city tax returns.

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies this application from eligibility.

(Signature of Applicant's Representative)	_
(Date)	

Return completed application to:

Coda Jazz Fund P.O. Box 412116 Kansas City, MO 64141-2116