

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 expenses 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 deceased 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**