

THE AUTHORS LEAGUE FUND

Established by The Authors League of America, Inc.

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Application

The Authors League Fund provides emergency aid to authors, dramatists, journalists, critics, and poets. Apply by email, mail, or online at www.authorsleaguefund.org/apply. Your information is confidential and used solely for our review. If we learn that an applicant has misrepresented their financial need or the circumstances of their emergency, we will not be able to provide support. Visit www.authorsleaguefund.org for eligibility guidelines and Frequently Asked Questions.

Identification:

NAME:

AGE:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

E-MAIL:

DEPENDENTS, WITH AGES:

Financial Information:

LIST 2019 INCOME. WAS THIS TYPICAL OF YOUR PRE-PANDEMIC INCOME? *Include amounts and sources for all income, e.g., earned income, advances/royalties, Social Security, Disability, Unemployment/PUA, pension, investment withdrawals, and support from family, friends, charities, or state/federal agencies:*

LIST 2020 AND 2021 INCOME. *Include amounts and sources, as above.*

LIST CURENT AND FORTHCOMING 2022 INCOME. *Include amounts and sources, as above.*

DO YOU RENT? IF SO, WHAT IS YOUR MONTHLY RENT?

DO YOU OWN? IF SO, WHAT IS YOUR MONTHLY MORTGAGE PAYMENT? *Have you recently refinanced or drawn equity?*

DO YOU HAVE A SPOUSE, PARTNER, OR ROOMMATE WITH WHOM YOU SHARE HOUSEHOLD EXPENSES?

IS YOUR SPOUSE/PARTNER EMPLOYED? *If so, enter their income.*

LIST YOUR HOUSEHOLD ASSETS. *If you have a spouse/partner with whom you share household expenses, please include their assets. Enter figures, not account numbers.*

- A. Checking and savings accounts:
- B. Investments and tax-deferred retirement savings:
- C. Real estate/mortgage:
- D. Other:

DO YOU HAVE PRIVATE HEALTH INSURANCE? *Enter premium cost:*
MEDICARE/MEDICAID?

LIST DEBTS, WITH MINIMUM MONTHLY PAYMENTS. *E.g., credit card, student loans, medical, home equity loan.*

SIGNIFICANT MONTHLY EXPENSES NOT ADDRESSED ABOVE. *Use this section to highlight overdue bills, with amounts.*

Career Information:

LIST ALL PUBLISHED BOOKS, ARTICLES, STORIES, POEMS, ESSAYS, ETC. WITH TITLE, PUBLISHER, YEAR.

DRAMATISTS: LIST PRODUCED/PUBLISHED PLAYS, INDICATE ONE-ACT OR FULL-LENGTH, WITH PRODUCTION DATE(S) AND THEATER NAME(S), OR PUBLISHER AND YEAR. ALL APPLICANTS: *Feel free to use a separate page or append a CV/resume. Include awards and honors.*

CURRENT WRITING PROJECT. *Include publisher and advance, if applicable.*

TO WHAT ORGANIZATIONS, GUILDS, OR UNIONS DO YOU BELONG? *E.g., Authors Guild, PEN, Freelancers Union, ASJA, AWP, RWA, SFWA, Poets & Writers.*

Emergency Circumstances:

PROVIDE A DETAILED DESCRIPTION OF YOUR EMERGENCY. *Include relevant background information, current financial needs, and factors affecting your finances, health, and employment. If you are applying because you lost income due to COVID-related cancellations or layoffs, include specifics about your lost work/income and expectations for the coming months. Please share details about your experience seeking work during the pandemic, if applicable. Using additional pages is encouraged:*

AMOUNT REQUESTED. *This helps us understand your financial needs. Feel free to use this section to highlight the bills you are most concerned about right now. Amounts are largely determined internally.*

HAVE YOU PREVIOUSLY BEEN ASSISTED BY ALF, PEN, DRAMATISTS GUILD FOUNDATION, ARTIST RELIEF FUND, OR ANY OTHER COVID-19 RELIEF GROUPS, EMERGENCY FUNDS, OR NON-WRITING CHARITIES? *If so, enter dates and amounts. Please do not omit this information out of concern that it will affect your eligibility with us, as it does not. . .*

MAY WE SHARE YOUR APPLICATION WITH OTHER ORGANIZATIONS OFFERING EMERGENCY AID?

HOW DID YOU HEAR ABOUT THE AUTHORS LEAGUE FUND?

NAME:

DATE: