

WRITER REQUEST FOR APPLICATION OF THE WGA LOW BUDGET AGREEMENT

Writer(s)	
1.	Name of Writer(s):
2.	Address:
3.	Telephone number: Email:
4.	Fax number
5.	WGA member?
	Name, address and telephone number of additional writers on the project, if any:
	Each writer must fill out a separate Request for Application of the WGA Low Budget Agreement)
	Agent's name and telephone number:
8.	Attorney's name and telephone number:
	m Project Name of Film Project:
2.	Any previous names for the same film project?
3.	Projected budget of the film:
	Source of financing, if known:
Production Company	
1.	Name of Company:
	Primary Contact(s) at the Company/Title(s):
	Company owner(s):
4.	Company address:
5.	Company telephone number:
6.	Company fax number:
7.	Is the Company signatory to the WGA Minimum Basic Agreement?
8.	Do you have an ownership interest in the Company? If so, what percentage of ownership do you have?
9.	Do you serve in a managerial capacity with the Company?
	Is there a bona fide agreement for financing, production and/or distribution with a third party signatory producing Company? (If so, please attach)
The Deal	
	Is there a Writer's Agreement? (If so, please attach)
	If not, are you negotiating a Writer's Agreement at this time?
	(If so, please describe on a separate sheet.)
3.	Are you requesting a deferral of the Publication Fee (for films budgeted below \$500,000)?
More About You	
Are you also a Producer Director and/or Actor/Performer on the project?	
Wr	iter's Signature Date