

Arabian Horsemen's Distress Fund APPLICATION FOR ASSISTANCE

The Horsemen's Distress Fund, established in 2005 is a non-profit organization that was created to help members of the Arabian horse community during time of difficulty that arise from unexpected, catastrophic or calamitous events.

To be eligible for assistance, an applicant must meet the following criteria:

- Be a member in good standing of the Arabian Horse Association (AHA)
- Be a widow/widower, spouse or dependent of a member in good standing of the Arabian Horse Association (AHA)
- Have a lawful financial need
- Be willing and able to substantiate said need in writing and supply the Board members with whatever documentation is requested.

Please see the website at www.horsemensdistressfund.com for additional guidelines regarding the AHDF. The Board of Directors retains the final interpretation of all guidelines, and has full and final discretion as to the dispensation of funds.

Upon completion of this form, please scan and email to mary@trowbridgesltd.com, or fax to 860-354-2680 with a cover sheet that states Attention: AHDF with your email, phone number and name.

APPLICATION FOR ASSISTANCE

Applicant Name: _____
Mailing Address: _____
Telephone Number: _____
Email Address: _____

AHA Member Number: _____
How many years have you been a member of AHA? _____

List below the people in your household. Please list the dollar amount of the total monthly income that supports the household.

	Name	Relationship	Monthly Income
1			
2			
3			
4			
5			

Do you have health insurance? _____
If yes, print name of company: _____
What is your annual deductible? _____

Do you have farm/home insurance? _____
If yes, print name of insurance company? _____
What is your deductible? _____

What is your employment status? _____

What is your spouse/partner's employment status (if applicable)? _____

How many horses do you or your family own? _____
How many are Arabians or Half Arabians? _____

How many horses do you take care of or have on your property?

Please explain why you are applying for financial assistance? _____

(Use additional paper if needed or e-mail the specifics)

What are your plans to provide for your needs, the needs of your family and horses in the future (remembering that the HDF is not designed to be a replacement for insurance or for providing assistance on a continuing basis)? _____

(Use additional paper if needed)

Please provide an itemization of your monthly expenses:

Food _____	Rent/mortgage _____
Utilities _____	Insurance (car) _____
Auto/gas _____	Insurance (home) _____
Telephone _____	Insurance (health) _____
Childcare _____	Other payments _____

Horse expenses:

Feed _____	Farrier _____
Board _____	Veterinarian _____
Labor _____	

Please specifically identify what bills or expenses you are requesting assistance for from the HDF _____

Signature _____

Date _____