**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)
* OR, 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](http://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**](mailto:mary@trowbridgesltd.com)**. If you do not have access to a scanner, photos emailed from your phone suffice.**

**\*\*The entire form MUST be completed with all information before it will be forwarded to the Board for their approval.**

# 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, **including yourself,** and the dollar amount of the **total monthly income of each individual** that supports the household, regardless of whether it is impacted by the need for this application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Horse expenses:

Feed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Farrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon approval by the BOD, AHDF assists by paying invoices by check directly to vendors. Please list below the exact vendor and monthly amount that you are requesting the board consider.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are requesting assistance with medical deductibles, please use one line to notate Medical Deductibles.

Generally, the board approves payments for a standard period of 2-4 months, depending on each individual need/request. In the event further assistance is needed, we require a simple email to the BOD describing current situation, progress, and how further assistance will help you move forward to a resolution of the situation.

Once bills are approved for payment**, each applicant must supply emailed copies of the exact invoices to** [**mary@trowbridgesltd.com**](mailto:mary@trowbridgesltd.com) **approximately 5 days prior to the due date of the invoice, with complete mailing information, account number, etc. on each invoice each month of payment.**

\*\*\***PLEASE NOTE:** The fund cannot pay automatically deducted payments—in that event, applicants must remove the bills from your automatic payment in order to be paid by the fund.

Please keep in mind that the AHDF was designed as a “Bridging Fund” for assistance following an unexpected, catastrophic situation, and cannot be an ongoing assistance fund.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_