

## AQHA PROFESSIONAL HORSEMEN'S CRISIS FUND APPLICATION

Applicant Name:		AQHA ID#:			
Address:		Telephone:			
		Fax:			
Date	e of disaster, hardship or illness:				
Seve	erity of hardship:				
Do you have insurance which will cover this level of hards		ship:	( ) Yes	( ) No	
Do you have alternate sources of income or support available to cover this disaster, hardship or illness:			( ) Yes	( ) No	
If ye	es, please list source of support:				
Plea	ase indicate the area(s) in which you are requesting as	ssistance:			
()	Monetary Support Needed:				
()	Financial Counseling:				
()	Personal Support Group:				
()	Clothing Needed (Sizes, etc.):			_	
()	Equipment Needed:				
()	Household Supplies Needed:				
()	Other:				
financonfic all rel exten this re given hold	eby certify that the above information is correct and I have attached precial statement and a copy of last year's tax return. I understand finance dential and will only be reviewed by members of the Professional Horselated affiliations harmless from any and all alleged liability in connections to any and all action taken or not taken with respect to this applicate the egard, I acknowledge that whether or not I am determined to be eligible, are matters solely within the absolute direction of the Professional Horsemen's Council" shall any of its employees, officers or agents.	ial and tax return emen's Council. on with my reque ion (and whether le for assistance, orsemen's Counc	n information will ren I will waive and hold est for assistance. Thi or not assistance is a and whether or not as il. For purposes of th	nain the AQHA and is waiver granted). In ssistance is is waiver and	
Signature of Applicant:			Date:		
If th	ne applicant is unable to sign, a representative can con	mplete the fo	llowing:		
Rep	resentative:				
Rela	ation to applicant:				
Signature of Representative:			Date:		
Add	litional reference, other than the applicant or represe	ntative:			
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