



Trainers Crisis Fund – Application for Assistance

To be eligible for Crisis Fund Assistance an applicant must be a current member in good standing in PHBA and a member for at least the previous two (2) years and be recommended for assistance by a National Director of PHBA. In evaluating evidence of financial need, consideration will be given to the following criteria:

- Annual gross family income of the recipient.
- Annual net family income of the recipient.
- Number of children or other dependents comprising the family of the recipient.
- Availability of insurance.
- Any other source of support available to the recipient.
- The severity of the disaster, hardship, or illness.

1. Limited to any PHBA member, that is a horse trainer by primary occupation. This would be one who receives 50% of his/her income from the act of training horses.

2. Member applying for assistance must:

- Have a referral for assistance from a PHBA National Director.
- Complete application for assistance.
- May be asked to provide a financial statement and copy of the previous year tax return to the Crisis Fund Chairman.

3. Crisis Fund Committee will:

- Grant or deny application for assistance, based on information provided.
- Determine amount or type of assistance based on the severity of the occurrence or the illness, income, or availability of insurance or other resources.

Name of PHBA member requesting assistance _____

Address _____

Name of PHBA National Director Referral _____

Date of disaster, hardship, or illness _____

Severity of disaster, hardship, or illness _____

Availability of insurance _____

Other sources of income _____

I hereby certify that the above information is correct and I have/may attached the proper financial information consisting of a current financial statement and a copy of last year's tax return. I understand financial information and tax returns will remain confidential and will only be reviewed by the committee chairperson. I will waive and hold the association harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all actions taken or not taken with respect to this application whether or not assistance is granted. In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute direction of the Crisis Fund Committee. The waiver shall include the Palomino Horse Breeders of America, and any of the members or employees.

Date _____ Signature _____

Submit to:

Palomino Horse Breeders of America

15253 E Skelly Dr.

Tulsa, OK 74116

Fax: 918-438-1232