CHARLES TOWN HORSEMEN'S ASSISTANCE FUND, INC.

REQUEST FOR ASSISTANCE

Revised 4-21-2020

Date

This form must be completed <u>IN FULL</u> on both sides for consideration by the committee. A COPY OF YOUR PICTURE BADGE MUST BE ATTACHED.

Name:		
Last	First	Middle
Address:		
Street		
City Home Phone #:	State Cell Phone #:	Zip
	Years in WV:	
Do you carry health insurance	e:? Type:	
Please note: In consi	deration of your request for funds, the C	CTHAF will only consider those
applications that have exhau	isted all other funding sources first. If y	ou have the ability to pay, the
CTHAF will not be able to a	approve your request. We appreciate yo	our understanding.
	oyers and pay. Failure to disclose ALL	S
•		
	Is this a full time job?: Weekly	pay: \$
Current employer:		
How long:	Is this a full time job?: Weekly	pay: \$
Previous employer:	Was this a full time job?: Week	xly pay: \$
_	SEHOLD AND OTHER INCOME MUS	
	ld?:	
	/Weekly; Earned by?:	
	/Weekly; Earned by?:	
	Monthly or \$	
Do you own?:; If yes, h	ow much is your mortgage payment? \$	

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Please respond to ALL the following questions in their entirety.

Have you applied for small business association Covid19 relief funds?	Yes	No
If yes, and have received, how much was received?		
Have you applied for other local, state and/or federal relief funds?	Yes	No
If yes, and have received, how much was received?		
Have you received a stimulus check? Amount received: \$	Yes	No
Have you applied to DHHR for assistance?	Yes	No
Have you applied for unemployment?	Yes	No
When did you apply? How much are you receiving? \$		
If no, why not? (Unemployment has been opened to self-employed and 1099 worke	rs)	
Have you been denied relief from the above sources?	Yes	No
Denied by:		
Other Financial Information:		
How much money do you have in your checking account: \$	-	
Include all members of the household. Include and up-to-date bank statement	ıt	
How much money do you have in your savings account: \$		
Include all members of the household. Include and up-to-date bank statement	ıt	
How much money do you have in your pension/IRA/retirement accounts: \$		
Include all members of the household. Include and up-to-date statements		
If you are a trainer:		
How many horses do you have in active training?; How many belong to	you?	
How many do you train for others?; How much are you being paid for each per	r day: \$_	
How much assistance is needed? \$		
Assistance will be used for:		
Who will assistance be used to pay? (name of landlord, utility, doctor, etc)		
Reason assistance needed:		
Is this a medical bill?YESNO; Is it more than 6 months old? If yes, it doesn'		

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Have you applied to DHHR and the hospital for assistance? _____; If yes, please attach a copy of the DHHR and the hospitals needs determination letter. If no, please apply for assistance at the DHHR and the hospital. Be able to substantiate need – if you have been out of work due to illness or injury; ATTACH copies of medical bill paid. HAVE YOU APPLIED FOR ASSISTANCE BEFORE? ____YES ____NO I acknowledge that I have read and understand the attached General Eligibility Requirements and Regulations and that my application complies with them. Under penalties of perjury, I attest that all the information provided by me in this application is **TRUE AND CORRECT** and that providing incorrect information is cause for assistance denial. Applicant's signature Date **EMPLOYOR CERTIFICATION** I, ______HEREBY CERTIFY THAT _____ _____ HAS WORKED FOR ME AS A _____ _ WEEKLY PAY OF \$_____ DAILY PAY OF \$____ I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE PERSON WORKS FOR ME AT THE WAGES INDICATED. EMPLOYER'S SIGNATURE DATE **PHONE** ______ **EMPLOYOR CERTIFICATION** I, ______HEREBY CERTIFY THAT _____ ____ HAS WORKED FOR ME AS A _____ WEEKLY PAY OF \$ DAILY PAY OF \$ SINCE I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE PERSON WORKS FOR ME AT THE WAGES INDICATED. EMPLOYER'S SIGNATURE **PHONE** DATE **EMPLOYOR CERTIFICATION** HEREBY CERTIFY THAT _____ HAS WORKED FOR ME AS A _____ ____ WEEKLY PAY OF \$_____ DAILY PAY OF \$____ I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE PERSON WORKS FOR ME AT THE WAGES INDICATED. EMPLOYER'S SIGNATURE DATE **PHONE**

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COMMITTEE

APPROVED FOR:					
					_; DATE
ENIED FOR:					
					_; DATE
ABLED FOR:					_; DATE
					_, DITE
YES	NO		YES	NO	_
YES	NO	. <u></u>	YES	NO	_
YES	NO		YES	NO	_
125	1.0	· · · · · · · · · · · · · · · · · · ·	120		
YES	NO		YES	NO	
by poll vote: Date: _		Board Mem	ber taking poll	:	
Votes:					
		NO	TES:		