

CHARLES TOWN HORSEMEN'S ASSISTANCE FUND, INC.
REQUEST FOR ASSISTANCE

Revised 4-21-2020

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 workers)

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

How much money do you have in your savings account: \$ _____

Include all members of the household. Include and up-to-date bank statement

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 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? ____ YES ____ NO; Is it more than 6 months old? If yes, it doesn't qualify for assistance.

CHARLES TOWN HORSEMEN'S ASSISTANCE FUND, INC.
REQUEST FOR ASSISTANCE

Revised 4-21-2020

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 _____
SINCE _____ 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 _____
SINCE _____ 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 _____
SINCE _____ 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

CHARLES TOWN HORSEMEN'S ASSISTANCE FUND, INC.
REQUEST FOR ASSISTANCE

Revised 4-21-2020

COMMITTEE

APPROVED FOR: _____
_____ ; **DATE** _____

DENIED FOR: _____
_____ ; **DATE** _____

TABLED FOR: _____
_____ ; **DATE** _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

YES ___ **NO** ___ _____

If by poll vote: Date: _____ **Board Member taking poll:** _____

Votes: _____

NOTES:
