

**NCHC Distressed Horseman's Grant
APPLICATION
Maximum Award \$2,500 non-recurring**

To be eligible for assistance, an applicant must meet the following criteria:

- *Be a resident of the State of North Carolina*
- *Be a widow/widower, spouse or dependent of a North Carolina resident and owner of horses or horse related business within North Carolina*
- *Have a lawful financial need*
- *Be willing and able to substantiate said need in writing and supply the NCHC with whatever documentation is requested*

Distribution from this Grant will be based on a proven financial need arising from sudden and demonstrable hardship, or disaster of a severe and unexpected nature, or from serious illness.

Applicant Name: _____

Address: _____

Telephone: _____

Email: _____

County: _____

Date of disaster, hardship or illness: _____

Describe hardship (in detail): _____

** Feel free to attach additional documentation.*

Annual Family Income (per year) \$ _____

Total Assets: \$ _____

Less Total Liabilities: \$ _____

Net Worth: \$ _____

Number of children or dependents comprising family of applicant: _____

Do you have alternate sources of income or support available to cover this disaster, hardship or illness?

Yes () No ()

If yes, please list source of support: _____

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 horses do you take care of or have on your property? _____

Please provide an itemization of your monthly expenses:

Food _____

Rent/mortgage _____

Utilities _____

Insurance (car) _____

Auto/gas _____

Insurance (home) _____

Telephone _____

Insurance (health) _____

Childcare _____

Other payments _____

Horse expenses:

Feed _____

Farrier _____

Board _____

Veterinarian _____

Labor _____

Farrier's Name _____

Facilities Name: _____

Veterinarian's Name: _____

Please specifically identify what bills or expenses you are requesting assistance for from the NCHC

I hereby certify that the above information is correct, and I have attached proper financial information. I understand financial information will remain confidential and will only be reviewed by members of the North Carolina Horse Council. I will waive and hold the NCHC and all related affiliations harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all action taken or not taken with respect to this application (and 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 North Carolina Horse Council. For purposes of this waiver and hold harmless agreement, the term "North Carolina Horse Council" shall include the full Board of Director's and any of its employees, officers or agents.

Signature of Applicant: _____

Date: _____