



PINTO HERITAGE FOUNDATION

PtHA® PROFESSIONAL HORSEMEN'S CRISIS FUND APPLICATION



The Pinto Heritage Foundation will be heading up the PtHA® Professional Horsemen's Crisis Fund. The Pinto Heritage Foundation is a tax-exempt foundation as defined under section 501 C(3) of the Internal Revenue code and was created exclusively for charitable, educational, and historical preservation.

Please send completed application to: Pinto Heritage Foundation, 7330 NW 23rd St., Bethany, OK 73008

Please send questions to Emily Wolf at ewolf@pinto.org or you can reach her at 405.491.0111 ext. 222

Applicant Name: _____ PtHA ID #: _____

Address: _____ Phone: _____

_____ Email: _____

Name of PtHA® Referral (current PtHA® member in good standing): _____

Eligibility and Application Guidelines for Crisis Fund Payments

Distribution from the Crisis Fund 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. Before any distribution is approved, evidence of a proven financial need must exist and be submitted. To be eligible for Crisis Fund assistance, **an applicant must be a PtHA® Professional Horsemen member** and be a current PtHA® member in good standing for the past year. An applicant may only receive assistance once every 12 months.

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 insurance which will cover this level of hardship: YES NO

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: _____

CATEGORY 1*

Family member of a Professional Horseman (must be a current PtHA® member in good standing) or a Professional Horseman who needs assistance due to a non-horse related hardship, disaster or injury.

CATEGORY 2*

Professional Horseman who needs assistance due to a horse related injury, disaster, hardship or illness.

**Amount to be determined by an independant committee, approved by the Pinto Heritage Foundation, based on available funds.*

Please list your involvement as a Professional Horseman or your participation with your local PtHA® Charter or Club:

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 Pinto Heritage Foundation. I will waive and hold the PtHA® 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 Pinto Heritage Foundation. For purposes of this waiver and hold harmless agreement, the term "Pinto Heritage Foundation" shall include the Pinto Horse Association of America® and any of its employees, officers or agents.

Signature of Applicant: _____

Date: _____