

Application form for CPHA FOUNDATION EMERGENCY AID FUND Assistance



Emergency Information

The Emergency Aid Fund has been established to help equestrian professionals who are facing financial emergencies. The purpose of these funds is to provide emergency assistance, which is not otherwise available for assistance usually related to the basic needs of food, shelter and medical care. All applications and disbursements from this fund are held in strictest confidence. Grants or loans are generally limited to \$1,000.

Amount Requested: \$ _____

Reason for assistance: Food and Shelter (home or equine) Utilities Transportation for Work
 Medical Emergency National Disaster Death in Family Other

Form of assistance requested Grant Loan Non-Member grant

Application Affiliation to Equestrian Industry: _____

Have you made a previous application from this Benevolent Fund? If so, give full particulars: _____

“A goal of the CPHA Foundation is to provide timely and appropriate support to equestrian professionals and their families who face hardship or disaster.”

Personal Information

CPHA Membership # _____ (must have been a CPHA member for at least one year prior to applying)
 Non members are eligible for a maximum of \$500.00 assistance.

First Name _____ Middle Initial _____ Last Name _____ () _____

Date of Birth _____ Social Security Number _____ Home Telephone _____

Home Address _____

City _____ State _____ Zip _____ Email Address _____

Dependents: Total Number

First and Last Name	Relationship	Age	Current Address

Applicant's Employment History

Occupation _____

Currently employed Yes No If currently employed, please indicate

Full-time Part-time. Average number of hours per week: _____

Name and address of current employer: _____

Spouse's Or Significant Other's Employment History

Occupation _____

Currently employed Yes No If currently employed, please indicate

Full-time Part-time. Average number of hours per week: _____

Name and address of current employer: _____

Monthly Household Income

Net Pay of Applicant _____

Net Pay of Spouse _____

Disability/Retirement _____

Other (e.g., child and/or roommate support, unemployment) _____

Checking & Savings Account

Financial Institution Balance

Financial Institution Balance

Insurance Coverage

Monthly Household Expenses

Rent/Mortgage _____

Utilities _____

Phone (basic) _____

Food _____

Clothing/Laundry _____

Child Care _____

Car Insurance _____

Transportation _____

Credit Cards _____

Phone (basic) _____

TOTAL EXPENSES _____

CPHA FOUNDATION EMERGENCY AID FUND KNOWLEDGE

How did you learn about the CPHA Foundation Emergency Aid Fund?

DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and belief. I further agree to provide to the CPHA Foundation any financial or medical documentation that is necessary for the substantiation and processing of my loan or grant request. Please include your most recent tax returns.

BY SIGNING BELOW, I GIVE THE CPHA FOUNDATION OR THEIR DESIGNEE, THE RIGHT TO OBTAIN A CREDIT HISTORY ON ME, IF APPLICABLE.

Signature of applicant _____

Date _____

Social Security # _____

Did the applicant complete the form

Yes

No

If the answer is No, please insert name, address and telephone number, including relationship to applicant, below.

Signatures

Date

Approve

Disapprove

Comments

Board member

Board member

Mail to:

CPHA FOUNDATION

10153 1/2 Riverside Dr., Suite 391

Toluca Lake, CA 91602

PHONE: (818) 955-9500 FAX: (818) 558-5772