Florida Horsemen's Benevolent & Protective Association
Application for Assistance

All requests for financial assistance from the Florida Horsemen's Benevolent and Protective Association will be submitted and evaluated by the Benevolence Committee. The process takes approximately 3 weeks upon receipt of a completed request form. This form must be filled out completely to be considered for financial assistance. **An incomplete application will not be processed.**

To be considered for financial assistance, applicants must be on a trainer's badge list employed on the Gulfstream Park or Palm Meadows backstretch for at least 120 days and hold a current Florida license.

The following supporting documents must be submitted with this application:

•Copy of current Florida license
•Formal letter detailing specific need for financial assistance
•Copy of last four (4) payroll/workers' compensation/disability stubs
•Copy of the previous year's W-2 statement
•Copy of the invoice/bill you are requesting assistance with
• If you are requesting mortgage or rent assistance, you must include a copy of your mortgage/lease agreement and the last four (4) rent/mortgage payments. If you do not have a lease agreement, you must provide the name, address, and telephone number of your current landlord.

Upon completion, please return the form for processing to:

FHBPA
P. O. Box 3507
Hallandale, FL 33008

If you have any questions, please contact the FHBPA Office at (954) 457-3516.

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Date: _____

Name: _____ Date of birth: _____

Address:
_____

City: _____ State: _____ Zip Code:
_____

Email Address: _____ Mobile Telephone: _____

Social Security: _____ Marital Status (Circle One): Single Married Divorced

Spouse's Date of Birth: _____

Dependent's Name Relationship

1. _____ _____

2. _____ _____

3. _____ _____

License #: _____ Position:
_____

Employer: _____ Employer's telephone number: _____

Gross weekly/Bi-weekly salary: _____ Length of time with present employer: _____

List the last two employers and dates employed with them:
_____

Years employed on Gulfstream/Pal Meadows backstretch:
_____

Are you currently employed by anyone else? Name of 2nd employer: _____

Gross weekly salary with 2nd employer?

_____

Other Income (explain):

_____

Spouse employer: Gross weekly salary:_____

(Include a copy of spouse's W-2)

Does your spouse have medical coverage?_____ Name of carrier:

_____

Are you covered under your spouse's medical insurance?_____

Medical insurance ID#_____ Medical insurance phone #_____

What type of assistance are you requesting?

_____

If this is a medical bill, has a claim been submitted to the insurance company?_____ _____
When?

Itemize outstanding medical bills, list provider and amount owed:

(Attach copies of bills and explanation of benefits statement from insurance carrier)

_____ **$**_____

_____ **$**_____

_____ **$**_____

Are you collecting any disability payments? [] yes [] no If yes, amount: _____

Date you started collecting disability payment:_____ Date you can return to work:_____

Was the accident work-related? [] yes [] no Date of accident:_____

Has Workers' Compensation Insurance been filed? [] yes [] no

Date Filed:_____ **(please provide proof of filing)**

Are you collecting compensation payments? [] yes [] no Amount?_____

Are you receiving assistance from any other source [] yes [] no If yes, please list the source and amounts:

_____ $ _____

_____ _____

Signature

Date

_____ $ _____

Are you presently under the care of a physician? [] yes [] no

If yes, please attach a letter or note from your physician specifying when you can return to work.

(Please note additional documentation may be required)

Name of physician:_____ Telephone number:_____

Do you [ ] own [ ] rent your home:_____ Monthly payment:_____