



## 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.**

# Florida Horsemen's Benevolent & Protective Association Application for Assistance

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:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date