



Oregon  
*Horsemen's Benevolent Protective Association, Inc.*

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## BENEVOLENCE REQUEST APPLICATION

The Oregon Horsemen's Benevolent Protective Association Foundation can provide benevolence assistance to those members who are in dire need of financial help. If you feel you are in this situation please continue reading.

Since funds are limited, the Foundation Board will closely review all applications to determine who qualifies and the amount of assistance the Foundation can provide. All decisions of the Foundation Board are final.

It is important that you take the necessary time to complete the application form *completely and accurately*. Applications that are not complete will be returned for more information. You may also receive a call from a Foundation Board member or a staff person to ask clarifying questions.

**PLEASE KNOW THIS APPLICATION IS CONFIDENTIAL AND WILL ONLY BE SHARED WITH THOSE INDIVIDUALS WHO NEED THE INFORMATION TO MAKE A DECISION ON YOUR REQUEST.**

Here is a checklist that will help you in making sure the application is complete:

- I have completely filled out the Benevolence Application.
- I have completely filled out Schedule (A) and included all income, expense and asset items.
- I have attached to the application a copy of all bills I am asking for assistance
- I have explained completely those bills I am asking to be paid with the request money.
- I have provided a complete explanation why I need this assistance.
- I have signed the form.

## BENEVOLENCE REQUEST

DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AMOUNT OF BENEVOLENCE REQUEST \$ \_\_\_\_\_

ARE YOU OHBPA MEMBER YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU AN OWNER \_\_\_\_\_ OR A TRAINER \_\_\_\_\_

HOW MANY THOROUGHBRED STARTS IN THE LAST 365 DAYS \_\_\_\_\_

DO YOU WORK FOR AN OHBPA MEMBER YES \_\_\_\_\_ NO \_\_\_\_\_

OHBPA MEMBER'S NAME & PHONE

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YOUR ORC LICENSE NUMBER # \_\_\_\_\_

DO YOU HAVE INSURANCE OF ANY TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU RECEIVED FUNDS FROM ANY OF THE FOLLOWING?

	AMOUNT RECEIVED		
UNEMPLOYMENT BENEFITS	YES _____	NO _____	\$ _____
DISABILITY	YES _____	NO _____	\$ _____
SOCIAL SECURITY BENEFITS	YES _____	NO _____	\$ _____
OTHER INSURANCE	YES _____	NO _____	\$ _____
OTHER HBPA AFFILIATE	YES _____	NO _____	\$ _____
(WHICH AFFILIATE?) _____			
CHURCH OR CHARITIES	YES _____	NO _____	\$ _____
FRIENDS OR FAMILY	YES _____	NO _____	\$ _____
STATE ASSISTANCE	YES _____	NO _____	\$ _____
VETERAN'S ASSISTANCE	YES _____	NO _____	\$ _____

**SCHEDULE A**

**MONTHLY INCOME**

Applicant's Monthly Income \$ \_\_\_\_\_  
Spouse's Monthly Income \$ \_\_\_\_\_  
Other Income (Alimony, Child Support, Pension, SSI etc.) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

Housing (Rent or Mortgage) \$ \_\_\_\_\_  
Groceries \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Cable \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
Credit cards \$ \_\_\_\_\_  
Other expenses (Child Support, Alimony Paid, etc.) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**DISPOSABLE INCOME**

(MONTHLY INCOME MINUS MONTHLY EXPENSES) \$ \_\_\_\_\_

**ASSETS (CURRENT VALUE MINUS AMOUNT OWED)**

House \$ \_\_\_\_\_  
Cars Trucks \$ \_\_\_\_\_  
Horse Trailers \$ \_\_\_\_\_  
Horses \$ \_\_\_\_\_  
Savings and Checking Accounts \$ \_\_\_\_\_  
Other Investments (Stocks, Bonds, etc.) \$ \_\_\_\_\_  
Other Assets \$ \_\_\_\_\_

**TOTAL NET ASSETS** \$ \_\_\_\_\_

**Explain specifically what bills the requested funds will be used to pay. You must include copies of bills, landlord letters, statements etc. to support your benevolence request.**

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**If you have any other information that could assist the Foundation Board in making a decision on your request, please explain here. (If more space is needed, attach a separate page.)**

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**SIGNATURE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**CONTACT NUMBER** \_\_\_\_\_

**OF PERSON WHO HELPED TO FILL THIS FORM OUT AND THEIR RELATIONSHIP TO REQUESTOR.**