New York Thoroughbred Horsemen's Association, Inc.
Application for Assistance Form

All requests for financial assistance from the New York Thoroughbred Horsemen's 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 NYRA backstretch for at least 120 days and hold a current NYRA badge.

The following supporting documents must be submitted with this application:
- Copy of current NYRA badge
- Formal letter detailing specific need for financial assistance
- Copy of last four (4) payroll/workers' compensation/disability stubs
- Copy of previous year's W-2 statement
- Copy of 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, 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 form for processing to:

NYTHA, Inc.
P. O. Box 170070
Jamaica, NY 11417

If you have any questions, please contact the NYTHA Office at 516-488-2337 (Belmont) or 718-848-5045 (Aqueduct).

NEW YORK THOROUGHBRED HORSEMEN'S ASSOCIATION, INC
APPLICATION FOR ASSISTANCE
P. O. Box 170070
Jamaica, NY 11417
Aqueduct 718 848-5045 • fax 718 848-9269 • Belmont 516 488-2337 • fax 516 488-1698

Date: _____

Name: _____ Date of birth: _____

Address: _____

City: _____State: _____ Zip Code: _____

Home Telephone #: _____Mobile telephone #: _____

Social Security Number: _____ Email: _____

Martial Status: ☐ Single ☐ Married ☐ Divorced ☐ Other Spouse's Date of Birth: _____

Dependent's Name	Relationship	Ages
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Badge I.D. #: _____ Position: _____

Employer: _____ Employer's telephone number: _____

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

List last two employers and dates employed with them: _____

_____

Length of time employed on NYRA backstretch: _____

Are you currently employed by anyone else? _____Name of employer:_____

Gross weekly salary with 2nd employer? _____

Other Income (explain) _____

Spouse's employer: _____ Gross weekly salary: _____

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

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

Are you covered under spouse's medical insurance? _____

Medical insurance ID# _____ Medical insurance carrier's phone #_____

What type of assistance are you requesting? _____

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

Itemize outstanding medical bills, list provider and amount owed:
(Attach copies of bills and explanation of benefit 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 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 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 are able to return to work. (please note additional documentation may be required)

Name of physician: _____

Telephone number of physician: _____

Do you □ own □ rent your home: _____ Monthly payment: _____