



2010/2011 MVR Hay Bank Program Application

Requirements for eligibility for the MVR Hay Bank Program

- Applicant must be a resident of Kentucky
- Applicant's horses must be personal horses; no professionals may apply.
- A maximum of two horses may be fed with this program.
- Income before or during time of crisis should be at or below \$25,000.00 annual.
- Applicant must show financial need due to recent loss of employment, financial hardship or medical issue.
- Must have a horse-safe facility to maintain your horse.
- Proof of veterinarian record.

Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own or Rent (Please circle)	Monthly payment or rent:	How long?			
Description of financial situation of owner which makes this program necessary					
If the situation is due to loss of income (job), please provide an employer reference, or provide a written confirmation of the job loss from the employer.					
If the situation is due to a medical issue, please submit a note provided by the physician's office or hospital which confirms this.					
Are you or your spouse currently employed?					
Current or prior employer:					
Employer address:					How long?
Reason for leaving:			Phone:	E-mail:	
City:		State:	ZIP Code:		
Position:		Hourly Salary	2008 Household Annual income:		
Number of horses you own for which you are requesting aid (limit 2)					
Location and description of facility where horses are kept					
Name & phone of veterinarian					Last vet visit
Are you the legal owner of all horse (s) listed below? Yes No					
Horse's Name	Breed	Registration Number	Age	Health Condition	Date of Purchase
1.					
2.					
Name:					
Address:			Phone:		
I authorize the verification of information provided on this form as to my credit and employment and/or medical issue. I have received a copy of this application.					
Signature of applicant:					Date:
Signature of co-applicant:					Date:

For consideration, please attach copy of proof of ownership for each horse (coggins, registration, brand inspection), your 2009 tax return or other financial documentation and proof of either loss of employment, other financial hardship, or medical condition. Fax to 270-384-5612 or e-mail to helpinghorses@mountainviewrescue.com. Your application will be reviewed by our board. If your application is chosen, a director of our organization will visit your facility and/ or validate references. Information on this application is kept confidential.