



## **The United Professional Horsemen's Association Dewey Henderson Benevolent Fund Trust**

The UPHA Membership Organization, Inc., d/b/a UPHA, d/b/a United Professional Horsemen's Association, is a Section 501(c)(5) organization comprised of members of local chapters. The membership is desirous of providing payments to members, their families, or estates in financial need due to certain occurrences including, but not limited to, death, disability, or natural disasters such as fire, flood, storm, or theft which leaves them unable to pay current expenses.

In order to make such payments to their members, the United Professional Horsemen's Association organized the UPHA Dewey Henderson Benevolent Fund Trust, a Section 501 (c)(3) charitable foundation.

Upon application to the Trust, professional members may receive amounts totaling up to \$30,000 in their lifetime. In no event may any application be made more than once in a calendar year. The 501(c) (3) prohibition against "private inurement" within non-profit entities means that individuals within that organization may not receive excessive compensation or benefit from their employment or association, because such arrangements would contravene the supposed mission of the UPHA. The member, their family or estate must demonstrate to the Trustees that an event of the nature discussed above has left them unable to pay for living expenses for themselves or their families, or to pay for funeral costs. The Trust will provide an application form for this purpose.

Members may make contributions to the Trust, but members are not required to make contributions to be eligible for payments. Payments will be made from these contributions or income earned thereon. In the event that funds do not exist to make payments, none will be made. Determination of the payment will be made at the sole discretion of the Trustees.

**To be eligible for a Trust payment, the applicant must be a current professional member of the UPHA. Such membership must have been in place for at least two concurrent calendar years (24 consecutive months), prior to application.** Please see application for additional eligibility information and requirements.

The UPHA will receive and maintain this application in confidence and will not disclose the information contained in this application to any person or entity. The UPHA will limit the internal dissemination and disclosure of this application to only those fund trustees and employees of the UPHA who have a need to know and an obligation to protect it.

For more information or an application for assistance, contact the UPHA at 859-231-5070, or send an email request to [info@uphaonline.com](mailto:info@uphaonline.com).

Please complete form and submit documentation via email/mail to:

UPHA, Inc.  
P.O. Box 3728  
Midway, KY 40347  
859-231-5070 Phone  
Info@uphaonline.com

## **UPHA DEWEY HENDERSON BENEVOLENT FUND APPLICATION FOR ASSISTANCE**

Only applicants who have properly and thoroughly completed an application, submitted supporting documents, and presented same to UPHA office will be considered.

Under the Trust Agreement, only current UPHA Professional Members are eligible to receive benefits. Such membership must have been in place for two concurrent calendar years (24 consecutive months) prior to application.

While many circumstances are sad, real, and documented need must be present. Inability to pay bills, etc. due to negligence, misappropriation or remiss are not considered need under the DHBTF.

Death benefits can be made to an appropriate entity if all other qualifications are met. Examples include: funeral expenses, medical expenses. Payments will be made directly to the entity with proper documentation included in the application.

Payments to individuals after an eligible recipients death are NOT allowed under the DHBTF. If a surviving spouse or heir meets the qualifications for benefits, that individual should submit an application.

Benefits for a qualified individual may be made to an attorney, service provider or other documented entity if concern exists about the handling of the funds. For example: payments to an attorney with a written agreement with regards to the use of those funds; payment of rent; medical bill payments.

Determination of benefit amount should include the possibility of future need by the individual. Lifetime limits are not waived under the DHBTF.

Confidentiality is foremost in the review, discussion, and distribution of benefits.

### **APPLICANT INFORMATION**

Name of Applicant \_\_\_\_\_ UPHA Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Email \_\_\_\_\_

### **EMPLOYMENT INFORMATION**

Name of Present Employer \_\_\_\_\_ Number of Years Employed \_\_\_\_\_  
Location of Employment \_\_\_\_\_  
Name of Previous Employer \_\_\_\_\_ Number of Years Employed \_\_\_\_\_  
Location of Employment \_\_\_\_\_

### **QUALIFYING EVENT AND DOCUMENTATION**

Supporting documentation must be submitted in conjunction with the application for assistance before any request will be considered by the Trustees. At any time, the Trustees reserve the right to request additional documentation and or references relevant to the applicants need for immediate financial assistance.

**Amount Requested:** \_\_\_\_\_

**Use an additional sheet to briefly explain the qualifying event.**

### **SIGNATURE AND ACKNOWLEDGEMENT**

I hereby request financial assistance from the Dewey Henderson Benevolent Fund Trust. My request is based on the fact of financial need. I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that any falsified information or abuse of the DHBTF Trust may lead to permanent loss of benevolence privileges and/or legal action. I authorize the UPHA DHBTF Trust to obtain such factual and investigative information pertaining to the above information as they see fit, with the understanding that all information will remain confidential.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL FINANCIAL INFORMATION

ASSETS	
Cash on Hand & in Banks (cash/checking/savings)	
Cash Value of Life Insurance	
Investments (securities, stocks, bonds, etc.)	
Notes & Accounts Receivable (Money owed to you: loans, mortgages, etc.)	
Mortgages & Contracts Owned	
Real Estate Owned-market value	
Automobiles-market value	
Equipment (trailers, tractors, etc.)-market value	
Personal Property	
Other assets	
<b>Total Assets</b>	

LIABILITIES	
Notes Due to Banks (loans)	
Accounts & Bills Payable	
Unpaid Income Taxes Due (Federal, State)	
Other Unpaid Taxes & Interest	
Loans on Life Insurance Policies	
Contract Accounts Payable	
Rent Owed	
Real Estate Mortgage Payable	
Liens & Assessments Payable	
Credit Card Debt	
Other Liabilities	
<b>Total Liabilities</b>	

MONTHLY INCOME		
	Applicant	Spouse
Earned Income (salaries, wages, fees, commissions)		
Dividends & Interest (all income from investments)		
Rental & Lease Income		
Employment Insurance, Worker's Comp.		
Pensions (private & government)		
Other Income (public assistance, allowances, and support from others)		
<b>Total Income</b>		

MONTHLY EXPENSES	
Income Taxes	
Property Taxes	
Insurance Premiums (vehicle, Life, Health and Medical, Homeowners, etc.)	
Mortgage Payments	
Rent Payments	
Tuition (if applicable)	
Utilities (phone, water, electric)	
Food/Clothing/Gas	
Other Expenses	
<b>Total Expenses</b>	