



# Emergency Hay Assistance Application

This program is made possible by a grant from



## Requirements for Eligibility

Applicants **MUST** meet all of the following requirements to apply:

- Applicant must be over the age of 18 and a resident of Comal County, Texas.
- Applicant's equines must be personal equines; no amateur or professional horse breeders or brokers may apply.
- Applicants must provide proof of recent or ongoing financial need resulting from job loss, a medical situation or other loss of income AND provide proof (see below under *Documentation*) that household income does not exceed:

Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Each Add'l Member Add	+\$7,437	+620	+310	+287	+144

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Address where equines are kept (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of persons in applicant's household: \_\_\_\_\_

Names of equines as they appear on veterinary records:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please provide a brief description of the financial situation which makes this program necessary. Also, please describe your plan for caring for the equines once the emergency hay assistance expires.**

**Documentation** *(see Notice of Discretion)*

- If the situation is due to a loss of income from termination of employment or reduction of employment hours, please provide an employer reference who can confirm this or provide a written confirmation of the job loss from the employer.
- If the situation is due to a medical condition or situation, please provide a note from your physician’s office or a hospital.
- If the situation is due to a loss of income owing to a factor not listed above, please submit relevant documentation to confirm, such as pay stubs, Social Security disability or benefit payment, unemployment benefits, etc.

Other documentation may be acceptable. Please email us at [tmmes@gvtc.com](mailto:tmmes@gvtc.com) for more information. Please make sure to include your contact information.

**Hay Supplier(s)**

Please provide the name and contact information of the store(s) who normally supply your hay. *Be certain that the supplier(s) are trusted by you, as the Emergency Hay Assistance Program will authorize payment directly to the supplier(s). TMMES is not responsible for the quality of the hay provided by your supplier(s).*

Supplier: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Supplier: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**I verify that I am the owner of the above listed equines, that I meet the stated eligibility requirements, and that all of the above information is true and correct.**

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Signature

Printed Name

Date

*Please note that due to fund processing requirements, hay assistance may not be available for up to two weeks from the date the application is approved.*



# Emergency Hay Assistance Application

## Notice of Discretion

TMMES is aware that sensitive information is being provided by the applicant to the Emergency Hay Assistance Program as a necessary component of eligibility. Information contained within this application and shared with TMMES during subsequent communication shall only be used in the administration of the Emergency Hay Assistance Program and will not be used for any other purpose or shared with any other persons or organizations.

## Promotional Materials Release

Should the applicant be selected to receive assistance through the Program, he/she agrees to allow Triple Me Mac Equine Sanctuary and Banfield Charitable Trust to use applicant's name, photos and story in promotional materials, including but not limited to social media, websites, newsletters, and printed materials without compensation or other consideration being provided.

***I have read this information and am willing to provide any and all information necessary for consideration of receiving assistance through the TMMES Emergency Hay Assistance Program.***

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Signed

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Date



# Emergency Hay Assistance Application

## Waiver of Liability and Release

Triple Me Mac Equine Sanctuary (TMMES) is offering the Emergency Hay Assistance Program (the Program). If your application is approved, the Program will provide payment directly to your local feed/hay store to provide hay to your equines. Please read and sign this Waiver of Liability and Release. By signing it, you will be indicating that you understand the risks involved in your participation in the Program.

## VOLUNTARY APPLICATION

1. I acknowledge that I have voluntarily applied to participate in the Program.

## ASSUMPTION OF RISK

2. I am aware that I am responsible for inspecting the quality of the hay provided by the supplier(s) of my choice and, unless specifically stipulated to be provided by the Program, for providing transportation to get the hay to my equines. I am aware that these may involve strenuous physical activity, as well as risks to my equine in consuming hay. I am voluntarily participating in these activities with full knowledge of the risks involved and hereby agree to accept responsibility for any and all harm that may result.

## RELEASE

3. As consideration for my being permitted to participate in the Program, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make claim of any kind against or sue TMMES, its affiliates, agents or volunteers for injury or damage of any kind resulting from my participation in the Program. I hereby release TMMES from all actions, claims or demands that I, my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Program. I further voluntarily agree and warrant to release and hold harmless TMMES and its representatives from any liability whatsoever, including but not limited to, any incident or illness of my equines believed to be caused by or related to hay provided by the Program.

## KNOWING AND VOLUNTARY EXECUTION

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability between myself and TMMES and sign it of my own free will.

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Signed

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Date

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Printed Name