

Charles Town Horsemen's Assistance Fund, Inc.

835 E. Washington Street, Suite 106

P.O. Box 581

Charles Town, WV 25414

304-725-1525

FUNERAL ASSISTANCE

Funeral Assistance has been requested for: _____

Date of application: _____ Date of Death: _____

1. Did the Deceased have a **CURRENT** license issued by the WV Racing Commission for a minimum of sixty (60) continuance days as an Assistant Trainer, Blacksmith, Exercise Rider, Groom, Hot Walker, Pony Rider, Trainer, Owner/Trainer or is the Deceased the child (17 or younger) of an eligible licensee? Yes _____; No _____. If Yes, please provide a copy of the Deceased's badge (or badge of Deceased's parent) and go to #3. If No, go to #2. (If you are an **OWNER ONLY**, you are **NOT** Eligible.)
2. If the Deceased's license was not current at the time of death, was the Deceased licensed for a minimum of 10 consecutive years AND the latest license was no more than 5 years old AND the Deceased was in good standing with the racing commission at the time the Deceased was no longer licensed? Yes _____; No _____. If Yes, please provide documentation supporting the years the Deceased was licensed and go to #3. **If No, you do not qualify.**
3. Does the Deceased's estate or family have the funds available for the burial? Yes _____, No _____. **If Yes, you do not qualify.** If No, go to #4.
4. How much does the Deceased have in their checking and savings account? \$ _____
5. Does the Deceased own real estate or other assets that will be liquidated through the estate? If Yes, describe the assets: _____

_____. If No, go to #5.
6. Does the Deceased have a life insurance policy? Yes _____; No _____. If yes, what is the amount? \$ _____. **If Yes, you may not qualify.**
7. Have you applied at DHHR for their burial credit of \$1,250? If not, please apply to DHHR. The funeral director can help with this. If you do not qualify for DHHR assistance, please explain why:

Please provide a copy of the funeral invoice with the application.