



## Application For A Temporary Grant of Free Hay, Grain, Veterinary Care, or Hoof Care from Colorado Horsecare Foodbank

Colorado horse owners requesting temporary help from Colorado Horsecare Foodbank must meet the following requirements to qualify for free hay, grain, basic veterinary care, or hoof care:

**Requirement 1:**

You must be a single-family horse owner facing financial hardship.  
(CHF does not provide free hay to non-profits, horse rescues, horse sanctuaries, foundations, or horse breeding operations.)

**Requirement 2:**

You must provide a safe, clean, healthy environment to maintain your horse(s).

**Requirement 3:**

You must show documented financial need due to unemployment or other financial hardship.

**Requirement 4:**

CHF requires time and enough notice to do a site visit and check your references.

\*\*\*\*\*

**For starters, please Provide Your Contact Information:**  
(please **PRINT** information & make sure it's easy to read)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Best Time To Reach You (day of week, am/pm) \_\_\_\_\_



**Application For Temporary Hay, Grain, Veterinary or Hoof Care Grant, Page 2**

**I Need the Following Help**

- Emergency hay
- Emergency grain
- Basic veterinary care
- Hoof care – Trimming
- Hoof care – Horse-shoeing

**Financial Circumstances**

- I OWN my home
- I RENT my home

Monthly mortgage or rent: \_\_\_\_\_

Current Annual Income: \_\_\_\_\_

**Marital Status**

- I am Single
- I share a household with another adult
- I am Married

**Employment Status**

- I am Employed
- I am Unemployed

**If married or residing with a life partner, my spouse/life partner is:**

- Employed
- Unemployed

**Name of Current or Most Recent Former Employer:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Website address \_\_\_\_\_



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**What Has Caused Your Financial Hardship?**

Please write a brief statement of what has caused your financial hardship.

**Gameplan for Financial Recovery?**

Please write a brief statement of the top 3 actions you are taking to get back on your feet.

**Information on Your Horses**

How many horses do you have? \_\_\_\_\_

For how many horses are you seeking help? \_\_\_\_\_

**Physical Location of the Horses**

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

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



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**FOODBANK**

**Application For Temporary Hay, Grain, Veterinary or Hoof Care Grant, Page 4**

**Please Describe Your Horses:**

<b>Name of Horse</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Height</b>			
<b>Approx. Weight</b>			
<b>General Health &amp; Condition</b>			
<b>Length of Ownership</b>			

<b>Name of Horse</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Height</b>			
<b>Approx. Weight</b>			
<b>General Health &amp; Condition</b>			
<b>Length of Ownership</b>			

**Photos: Please include photos of your horses taken within the week of submitting your application for aid**



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**Veterinarian Information**

Name of Veterinarian \_\_\_\_\_

Phone number \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

**Please provide at least 2 references, with 1 preferably being your veterinarian:**

**Reference 1:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_

**Reference 2:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_

Please complete this application in its entirety. Failure to provide the requested information will create delays in processing your application for help from Colorado Horsecare Foodbank. If you have questions, or need help filling out your application, please call us at: 303.670.1474 to help you.

I affirm that the information I have submitted is true and accurate. Note to Applicants: Failure to provide true and accurate information, or to omit critical information about income, will result in being declined for assistance.

Name \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your application. Sincerely – The Colorado Horsecare Foodbank Team**