



Pink Horse, Inc

Application for Assistance

We encourage you to apply for charitable assistance if you are experiencing financial hardship due to your medical situation and could use help with household, living expenses. If you have questions or need help completing this application, please call Renee at 231-839-2250.

Personal Information

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

List below the people in your household.

NAME	RELATIONSHIP

Do you have Medical Insurance? Yes _____ No _____

Do you have horses or other animals that depend on you? Yes _____ No _____

Please tell us a little about you and your situation: _____

(Use additional page if needed)



Pink Horse, Inc

Application for Assistance

Average Monthly Income: \$ _____

Monthly Expenses: Please indicate the average monthly expense for the following items.

Food: \$ _____

Utilities: \$ _____

Auto/Gas: \$ _____

Phone: \$ _____

Childcare: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Please List three References we may contact; must list at least two.

NAME	PHONE NUMBER	EMAIL

I certify that the above information is true and accurate to the best of my knowledge.

Applicants Signature

Date