



## ASSISTANCE APPLICATION

THIS FORM MUST BE USED FOR ALL APPLICATIONS SUBMITTED ON OR AFTER **MARCH 1, 2013**.

Dear Applicant:

Rider Relief Resources, Inc., dba Rider Relief Fund, provides financial assistance to athletes, bull riders and bull fighters, injured while competing in the sport of bull riding—at all levels of competition provided necessary safety precautions are in place. The Rider Relief Fund is a non-profit organization funded 100% by donations; therefore, the Board of Directors rarely considers applications related to injuries sustained during non-competitive events, i.e., practice pens and/or activities occurring on private or residential property.

Applicants must have a US government issued social security number or a US government issued Work Visa in order to receive assistance. In determining if and/or what level of assistance will be provided, the Board will also consider the extent to which other sources of assistance have been or will be pursued by you, the applicant. Other sources of assistance include but are not limited to: personal assets, industry support, family support, insurance, and government programs such as social security, welfare, Medicare, Medicaid, and VA programs. All applications are reviewed on a case-by-case basis.

In order to move your application through the review process as quickly as possible, please make sure the required information and documentation is submitted with your application. Providing detailed answers, written in your own words, describing your career and involvement in bull riding and a description of your injuries is required. Your letter should include specifics about your need for financial assistance—i.e., food, shelter, utilities, retraining, education, or other expenses. Your letter should also include a personal estimation of the time it will take you to get back on your feet, financially.

### REQUIRED DOCUMENTATION

- COMPLETED APPLICATION.
- PHYSICIAN'S STATEMENT AND HOSPITAL NOTES FROM THE DATE OF INJURY.
- PROGRESS NOTES FROM ANY AND ALL DOCTORS (MEDICAL SERVICE PROVIDERS).
- *RELEASE TO RETURN TO WORK AND/OR RELEASE TO RETURN TO COMPETITION* – SIGNED BY PHYSICIAN.

The physician's statement must include the date of injury, cause, extent of injury, and an estimated recovery/return-to-work date. Failure to include all of the required documentation could result in your application being delayed or denied without review. Applications may be faxed to our office, (719) 242-2766; however, please make sure you mail the original, signed application to our office, as well. Please be sure to **print clearly** when completing the application. We suggest you keep a copy of your completed application in case the original is lost in the mail.

Once your application has been received and all documents have been verified, the Board will begin their review. Typically, applicants are notified – *assistance granted* or *application denied* -- within 10 to 15 business days. A team of physicians, selected by the Board of Directors, may be called upon to evaluate your application. In some instances, the applicant may be requested to provide authorization for a member of the Board of Directors to communicate with third-party providers such as insurance companies, collection agencies, and/or medical service providers.

Please do not hesitate to contact our office, (719) 242-2900, if you have any questions.

Sincerely,

*Aubrey J. Harris*

Aubrey J. Harris  
*Fund Development Coordinator*

*Clay Learned*

Clay Learned  
*President*

**NOTE:** ANY BOARD DECISION TO PROVIDE ASSISTANCE OR TO DENY ASSISTANCE, OR PARTS THEREOF, LIES SOLELY WITH THE BOARD AND SHALL BE AT THE BOARD'S SOLE DISCRETION.

Telephone  
(719) 242-2900

Fax  
(719) 242-2766

Email  
RRF@PBR.com

Address  
Rider Relief Fund  
101 W. Riverwalk  
Pueblo, CO 81003

www.RiderRelief.com



Number of (bull riding or bull fighting) events you entered in the last 12 months: \_\_\_\_\_

Last year's income from bull riding competitions: \$ \_\_\_\_\_

Current Employer (outside of bull riding or bullfighting): \_\_\_\_\_

Occupation: \_\_\_\_\_

Full Time  Part Time - Average number of hours per week \_\_\_\_\_ Average Weekly Wage: \$ \_\_\_\_\_

Dependents Living with You: (Include any relative living with you)	Relationship	Age	Employed

I have no assets or resources other than those disclosed in this application. If assistance is provided as a result of this application, I agree to notify Rider Relief Resources, Inc. (RRR) of any changes in status with respect to assets or income. I hereby authorize any person, firm, corporation, agency, or institution to furnish RRR any and all information in its possession relating to my assets, deposits, dealing, or business of any kind whatsoever or concerning any matter which RRR may desire. ***I further understand that any assistance that I may receive from RRR may be taxable income.***

I hereby release to RRR any and all medical information necessary to aid RRR, the RRR Board of Directors, and any entity or individual related to RRR, in the processing, analyzing, and determination of whether assistance will be granted. I understand that RRR and/or any entity or individual related to RRR, may need to contact me and/or my doctors, insurance companies, medical service providers and related entities regarding such medical information, and I hereby authorize such entities or individuals to contact RRR and/or me, and deliver and/or receive such medical information, by USPS, electronic mail, commercial courier service, facsimile, personal delivery and/or any other reasonable means of delivery.

***The submission of this application is not a guarantee that funding will be provided.*** The application will be reviewed by the Board of Directors of Rider Relief Resources, Inc. Board of Directors and any decision that they so make pertaining to whether funding will be made is theirs and theirs alone, and the Board of Directors decision is final. Assistance will be based on the injury incurred during a competitive bull riding event or activity provided that industry standard safety precautions were taken. Other circumstances will be reviewed and assistance will be provided at the discretion of the Board. Proof that injury was bull-riding related is required, i.e., submit proof of entry to event, contact, police/fire report, medical report, etc.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Personal Financial Information

Name: \_\_\_\_\_

## ASSETS: (Total Value by Line Item)

Cash on Hand	\$	_____
Checking Account	\$	_____
Savings	\$	_____
Investments - CD/Stocks/Bonds/Mutual Funds	\$	_____
401(k)	\$	_____
Life Insurance	\$	_____
Other	\$	_____
Home - Current Value	\$	_____
Other Real Estate Value(s) - Describe		_____
	\$	_____
	\$	_____

### Vehicle(s) - Value (No Loan Balance)

_____	_____	_____	\$
Make	Model	Year	

_____	_____	_____	\$
Make	Model	Year	

**Additional Personal Property Value(s)**  
(I.E., boat, trailer, farm or ranch equipment)

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

**TOTAL ASSETS: \$** \_\_\_\_\_

## LIABILITIES: (Balances on Each Line Item)

Mortgage(s) Balance	\$	_____
Monthly Mortgage/Rent Payment(s)	\$	_____
	\$	_____
<b>Medical Bills Related to Injury</b>		
Doctors	\$	_____
Hospital	\$	_____
Ambulance/Air Ambulance	\$	_____
Other Medical	\$	_____
	\$	_____

Auto #1 Loan Balance	\$	_____
Auto #2 Loan Balance	\$	_____
<b>List all other Debt by Creditor</b>		
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____

**TOTAL LIABILITIES: \$** \_\_\_\_\_

**NET WORTH:**  
(Assets minus Liabilities) \$ \_\_\_\_\_

Applicant's Signature: _____	Date: _____
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# Personal Financial Information

Name: \_\_\_\_\_

## Monthly Income

Bull Riding / Bullfighting \$ \_\_\_\_\_  
 Other Wages \$ \_\_\_\_\_  
 Interest - Savings \$ \_\_\_\_\_  
 Interest - CD(s), Bonds, Investments \$ \_\_\_\_\_  
 Dividends \$ \_\_\_\_\_

Other Wages in the Household \$ \_\_\_\_\_  
 Other Wages in the Household \$ \_\_\_\_\_  
 Social Security Benefits \$ \_\_\_\_\_  
 Health & Accident Insurance Benefits \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Cash Income \$** \_\_\_\_\_

## Monthly Expenses

Food \$ \_\_\_\_\_  
 Utilities - Electric, Oil, Gas, Water \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Cell Phone / Cable TV / Internet Access \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Other Insurance \$ \_\_\_\_\_  
 Real Estate Taxes \$ \_\_\_\_\_  
 Income Taxes \$ \_\_\_\_\_  
 Property Taxes \$ \_\_\_\_\_  
 Other taxes \_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses \$** \_\_\_\_\_

**Cash Surplus**  
 (Income minus Expenses) \$ \_\_\_\_\_

If expenses exceed income, how do you pay the difference?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you expect any income or expense changes in the next 12 months, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Signature:	Date:
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## Required Applicant Questionnaire

(Please use additional paper to answer questions, if needed.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please describe when, where, and how you were injured.

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2. Why are you applying for assistance?

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3. What do you hope to receive from the Rider Relief Fund?

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4. Do you have any alternative income or employment?

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5. When do you think you will be able to return to work? (This refers to work outside of bull riding.)

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6. When do you think you will return to competition?

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7. What are you going to do during your recovery?

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8. Did you have insurance at the time of your injury? If not, why? If you have insurance, please explain, by provider, what has been paid or is pending, amount of your deductible, cap on out-of-pocket expenses, and what is the limit per injury/policy.

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9. Do you have an estimate of what your unpaid medical bills will be after all insurance payments? What arrangements have been made to pay these expenses?

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10. What would you like the review committee to know about you?

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