



*New Mexico Horsemen's Association
State Office
P.O. Box 8695 Albuquerque, New Mexico 87198
(505) 266-7056
Nmhastate1@aol.com*

Hardship Benefit Claim Form

*Please fill out and return with a copy of your NMRC license
Please attach copies of your receipts associated with the Hardship request*

Date _____

Name _____ Phone _____

Address _____

NMRC License # _____ Expiration Date _____

(Circle one) **OWNER** **TRAINER**

Date of Disaster: _____

Please state reason for Hardship:

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

NAME OF HORSE _____ TRAINER NAME _____ OWNER NAME _____

Signature of Applicant

Date