

# TAKE THE LEAD – DISASTER RELIEF FUND

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

IS THIS WITHIN THE FEDERALLY DESIGNATED DISASTER AREA? \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## INVOLVEMENT IN SPORT OF DOGS:

CURRENTLY OWN AKC REGISTERED DOGS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

WHAT BREEDS? \_\_\_\_\_

CURRENTLY ACTIVE IN THE SPORT? \_\_\_\_\_ NUMBER OF YEARS: \_\_\_\_\_

REFERENCES: NAME OF SHOW SUPERINTENDENT(S) MOST FREQUENTLY USED – FOR VERIFICATION

1. \_\_\_\_\_ 2. \_\_\_\_\_

WHAT ARE YOUR CURRENT FINANCIAL NEEDS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THE FOLLOWING:

- \* THE INFORMATION IS BEING GIVEN IN CONNECTION WITH SERVICES PROVIDED.
- \* THE TAKE THE LEAD ASSISTANCE ADMINISTRATION COMMITTEE MAY VERIFY THE INFORMATION GIVEN ON THIS FORM.
- \* IF I DELIBERATELY MISREPRESENT INFORMATION ON THIS APPLICATION, I AGREE TO REPAY BENEFITS PROVIDED BY TAKE THE LEAD, INC. AND I MAY BE PROSECUTED UNDER THE APPLICABLE STATE AND FEDERAL STATUTES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALL INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR TAKE THE LEAD, INC. PURPOSES ONLY.

RETURN THIS APPLICATION TO:

TAKE THE LEAD, INC.

215 Washington St Suite 110

WATERTOWN, NY 13601

PHONE: 1-800-814-1123

FAX: 1-315-786-1874

EMAIL: [ttl@twcny.rr.com](mailto:ttl@twcny.rr.com)

WEBSITE: [www.takethelead.org](http://www.takethelead.org)

**\*\*CURRENT MAILING ADDRESS (IF DIFFERENT)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification Statement:**

I certify that the above information is true and correct. I understand the following:

- The information is being given in connection with services provided by TAKE THE LEAD
- The TAKE THE LEAD assistance committee may verify the information give on this form
- If I deliberately misrepresent information on this application, I agree to repay benefits provided by TAKE THE LEAD and I may be prosecuted under the applicable state and federal statues

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

All information is strictly confidential and will be used  
only by the TAKE THE LEAD assistance committee.

**Return application to:**

Take the Lead

215 Washington Street, Suite 110

Watertown, NY 13601

Phone: 1-800-814-1123 Fax: 3185-786-1874

Email: [ttl@twcny.rr.com](mailto:t1l@twcny.rr.com) Website: [www.takethelead.org](http://www.takethelead.org)