

Spay-Neuter Services of Indiana, Inc. (SNSI) Spay-Neuter Assistance Program (SNAP)

It's a **SNAP** to apply! Complete these 4 easy steps

1 Complete and sign this application.

2 Obtain one money order payable to SNSI for the total amount due (\$25 per pet X number of pets).

3 EITHER provide proof of participation in one of the following Indiana public assistance programs. Please block (mark out or write out) your Social Security number before mailing:

- Healthy Indiana Plan
- Food Stamps
- Medicaid (**not** Medicare)
- Section 8 Housing
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Social Security Disability (SSD) – **not** Social Security Retirement Income
- Energy Assistance Program
- Major VA Disability
- Public School Free Lunch Program
- Supplemental Security Income (SSI)

OR if you do not receive one of the above-listed benefits, you may qualify for SNAP if you meet the income guidelines below. Provide proof of income level by attaching either a copy of your most recent W2 form, the front page of income tax return, or your last pay stub. Please block (mark out or write out) your Social Security number before mailing.

| # in Household | \$ in Household | Gross Annual Income | Monthly | Biweekly | Weekly |
|----------------------------|-----------------|---------------------|---------|----------|--------|
| 1 | Less Than | \$24,280 | \$2,023 | \$933 | \$467 |
| 2 | Less Than | \$32,920 | \$2,743 | \$1,266 | \$633 |
| 3 | Less Than | \$41,560 | \$3,463 | \$1,598 | \$799 |
| 4 | Less Than | \$50,200 | \$4,183 | \$1,931 | \$955 |
| For each additional person | Add | \$8,640 | \$720 | \$332 | \$166 |

Number of persons living in household: _____
 Total Gross Household Income (before taxes): _____
 Check one: yearly monthly biweekly weekly

4 Mail application, proof of qualification and money order to:
 SNSI • 1100 W. 42nd St., Suite 205 • Indianapolis, IN 46208

PET OWNER'S INFORMATION (please print)

Pet Owner's Name: _____
 Address: _____
 City: _____ County: _____ State: **IN** Zip: _____
 Email: _____ Phone: () _____
 Do you have a coupon code? YES: (indicate code here) NO
 How did you hear about SNSI? _____

PET INFORMATION (attach an additional sheet for more pets)

If you wish to have your outdoor cat ear tipped to identify it as already being fixed, please check the box below stating, **"This cat is feral/free roaming, and I wish to have it ear tipped."** The certificate you receive will include a MANDATORY EAR TIP. If you do not want your cat to be ear tipped, do not check this box. **If you have more than 2 pets and attach an additional sheet of paper, be sure to include all information regarding your pets!**

Dog Cat Male Female Unknown
 AGE: Up to 5 months Adult Unknown
 Name: _____ || Breed _____
 THIS ANIMAL WAS A STRAY. THIS CAT IS FERAL/FREE ROAMING, AND I WISH TO HAVE IT EAR TIPPED.

Dog Cat Male Female Unknown
 AGE: Up to 5 months Adult Unknown
 Name: _____ || Breed _____
 THIS ANIMAL WAS A STRAY. THIS CAT IS FERAL/FREE ROAMING, AND I WISH TO HAVE IT EAR TIPPED.

RELEASE AND INFORMATION CERTIFICATION

For value received, I/we the owner(s) of the above-designated cat(s) or dog(s), do hereby fully and completely release and discharge Spay-Neuter Services of Indiana, Inc. and all persons, agents, employees, directors and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses of any kind and description which in any manner pertain to, concern, involve or relate to the spaying or neutering of my/our pet(s), including such pet's death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities.

By my signature I certify the following:

- The information provided with the application is accurate and complete.
- I understand that my application is subject to verification.

Signature of pet owner: _____ Date: _____