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**SUBSIDIZED SPAY NEUTER PROGRAM (SSNP)**

**Application Form**

**APPLICANT INFORMATION**

**First Name: Last Name:**

**Mailing Address (# and Street):**

**Postal Code: Email:**

**Phone Home: Cell: Work:**

Any person who has been a permanent resident of Moose Jaw for at least one year **and** whose total household income falls under the Statistics Canada’s Low Income Cut Offs (LICO) may apply for SSNP. Below is a chart that outlines LICO’s maximum acceptable income levels per household based on the number of people in the immediate family.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Size of Family Unit | 1 | 2 | 3 | 4 | 5 | 6 | 7 or more |
| Total Household Income | $22,926 | $28,540 | $35,087 | $42,600 | $48,315 | $54,493 | $60,670 |

In the table below, list the people in your immediate family (please list parents/guardians and their children who are under 19 years of age) that are currently living in your household along with their income from **line 150** from the previous year’s Notice of Assessment from Revenue Canada. This includes a maximum of two adults. *Please Print Clearly*

**Adult children 19 years of age and over, roommates or other non-immediate family members, such as grandparents, are not to be included within your household numbers for the purpose of this application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name**  **(Add extra sheet of paper if Additional Dependents)** | **First Name** | **Gender (Circle One)** | **Date of**  **Birth MM/DD/YYYY** | **INCOME LEVEL**  **(As shown on line 150 from most recent Notice of Assessment from Revenue Canada)** |
| **1.Applicant** |  | **M**  **F** |  |  |
| **2. Spouse/Partner** |  | **M**  **F** |  |  |
| **3. First Dependent** |  | **M**  **F** |  |  |
| **4. Second Dependent** |  | **M**  **F** |  |  |
| **5. Third Dependent** |  | **M**  **F** |  |  |
| **6. Fourth Dependent** |  | **M**  **F** |  |  |
| **7. Fifth Dependent** |  | **M**  **F** |  |  |

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**DOCUMENTATION REQUIREMENTS**

**Income Verifying Requirement:**

You must submit a COPY of your **2020** or **2021** Notice of Assessment from Revenue Canada Agency for yourself and your spouse/partner. If you do not have a copy of your Notice of Assessment, it can be obtained by calling 1-800-959-8281 and it will be mailed to you or visit [www.canada.ca/en/revenue-agency.html](http://www.canada.ca/en/revenue-agency.html). Request the Option C form or a Verified Copy of your most recent Income Tax Return. **We do not accept any other document as proof of income.** Additional information may be requested to complete the review of your application.

**Residency Requirement:**

Subsidized Spay and Neuter Program (SSNP) is for permanent residents of Moose Jaw ONLY. The applicant must have been a resident of Moose Jaw for one full year prior to the date of the application. To verify, we require a copy of **ONE** of the bills listed below that has been issued within the last month and shows the applicants name and current address:

* Telephone • Cable • SaskPower • SaskEnergy • City of Moose Jaw Utility

**PET INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1.Pet Name | Male Female | Age: |
| 2.Pet Name | Male Female | Age: |

When did you last complete de-worming for your pet:

**If you have questions or concerns relating to SSNP, please visit** [**www.mjhs.ca**](http://www.mjhs.ca) **or call 306-692-1517.**

***I certify that all the information provided is correct.***

**Signature of Applicant:**

***The Moose Jaw Humane Society reserves the right to verify information provided on and with this application form.***

|  |
| --- |
| **OFFICE USE ONLY (APPLICANTS, PLEASE TO NOT WRITE IN THE SHADED AREA)** |
| **Received By: Date:** |
| **Documentation Provided: Notice of Assessment (Revenue Canada) Proof of Residency** |
| **Application Status: Approved Denied** |
| **If denied, reason:** |
| **Authorization Signature: Date:**  **Voucher Number:** |