

APPLICATION

All information received will remain confidential.

Section 1: Your Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (required for follow-up): \_\_\_\_\_

Preferred Primary Method of Contact (choose one):

- Home Phone Cell Phone-call Email

Are you currently employed? If currently employed, choose one:

- Yes No Full-time Part-time

If employed, what is your primary source of income? \_\_\_\_\_

Eligibility (check all that you are claiming):

- SNAP Military\* Social Security Disability SSI Section 8 WIC

\*This form and proof of status must be provided prior to service. If applying for Military discount only, income documents are not required.

Section 2: Your Household Information

List the full names of the people in your household:

Blank lines for listing household members.

Section 3: Attach with this Application

DO NOT SEND ORIGINAL DOCUMENTS

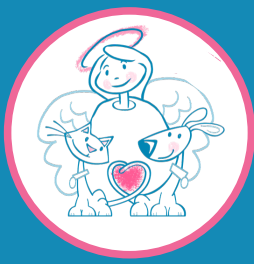
- Checkboxes for attaching income tax returns, bank statements, and military status proof.

\*\*Income includes:

- Wages and salaries before deductions (gross income)
Net receipts from self-employments
Regular payments from social security
Retirement
Unemployment compensation or public assistance
Union benefits, workers' compensation, veterans' payments
Training stipends
Alimony, child support, military family allotments
Private pensions, government employee pensions, regular insurance or annuity payments
College or university scholarships, grants, fellowships (not student loans)
Dividends, net rental income, net royalties, income received from estates or trusts
Gambling or lottery winnings

NOTE: If you declare no income, then a signed and dated letter with the monthly monetary amount provided from the individual/group assisting you financially must be provided.

Refer to SNAP Sliding Scale Chart for Income Guidelines



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Section 4: Your Cat/Dog Information

1. Name: Sex: (circle one) M / F Age:

Immunization Record:

- Immunization Record: FVRCP/DA2PP Date Given: Administering Vet: Rabies Date Given: Administering Vet: Other: Date Given: Administering Vet:

2. Name: Sex: (circle one) M / F Age:

Immunization Record:

- Immunization Record: FVRCP/DA2PP Date Given: Administering Vet: Rabies Date Given: Administering Vet: Other: Date Given: Administering Vet:

3. Name: Sex: (circle one) M / F Age:

Immunization Record:

- Immunization Record: FVRCP/DA2PP Date Given: Administering Vet: Rabies Date Given: Administering Vet: Other: Date Given: Administering Vet:

Section 5: How Did You Hear About Us?

Our goal is to serve as many households and pets as possible. This information provides valuable data to guide our efforts to accomplish this goal for the families and animals in our community. Please choose one:

- www.tailsofhopewpa.com Other website: (please be specific) Facebook Other social media: (please be specific) LinkedIn Event: (please be specific) Postcard Other mail item: (please be specific) Friend (name): Other: (please be specific)

Section 6: Your Acknowledgement

I certify the above and attached information is true and correct to the best of my knowledge. By signing below, I authorize the PA Dept. of Public Assistance and/or the Social Security Administration to release information regarding my current eligibility in the above programs. I understand if payment is applicable it is due at time of service.

Applicant's Signature

Date Signed

Submit completed application to: Tails of Hope, 2450 Hoezle Road, Hermitage, PA 16148