



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:

I currently (choose one): Own my home Rent my home Live in Public Housing Live with Family

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 currently receiving):

SNAP Medical Benefits Military * Social Security Disability SSI Section 8 WIC

*This form and proof of status must be provided prior to service. Military discount cannot be combined with other program discounts.

Section 2: Your Household Information

List the people in your household (attach additional paper as necessary):

Table with columns: FULL NAME, MINOR (under 18), EMPLOYED, RECEIVES FINANCIAL ASSISTANCE. Includes checkboxes for each column and a note to include documents.

Section 3: Attach with this Application

DO NOT SEND ORIGINAL DOCUMENTS

a COPY of ALL income** and benefits that ALL MEMBERS of your household receives, including pages one and two of last year's federal tax return

a COPY of your last two (2) months complete bank statements

*a COPY of your DD214 form or other proof of military status, if applicable

**Income includes (but is not limited to):

- Wages & salaries before deductions (gross income)(NOTE: W-2s are NOT acceptable)
Net receipts from self-employments
Regular payments from social security
Retirement
Unemployment compensation or public assistance (i.e. SNAP, Access, Med Benefits, Housing, Schooling, etc.)
Union benefits, workers' compensation, veterans' payments
Training stipends
Alimony, child support, military family allotments, support from any family member

- 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 and/or declare family assistance, 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



APPLICATION

All information received will remain confidential.

Section 4: Your Cat/Dog Information

Three animals per household per rolling 12-month period may be covered by this program. Annual application renewal required.

1. Pet Name: _____

Sex: (circle one) M / F Age: _____

Immunization Record:

Animal: (circle one) Cat / Dog

FVRCP/DA2PP Date Given: _____

Administering Vet: _____

Rabies Date Given: _____

Administering Vet: _____

Other: _____ Date Given: _____

Administering Vet: _____

2. Pet Name: _____

Sex: (circle one) M / F Age: _____

Immunization Record:

Animal: (circle one) Cat / Dog

FVRCP/DA2PP Date Given: _____

Administering Vet: _____

Rabies Date Given: _____

Administering Vet: _____

Other: _____ Date Given: _____

Administering Vet: _____

3. Pet Name: _____

Sex: (circle one) M / F Age: _____

Immunization Record:

Animal: (circle one) Cat / Dog

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.org

Television: (please be specific) _____

Facebook

Radio: (please be specific) _____

LinkedIn

Newspaper: (please be specific) _____

Postcard

Event: (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 my application must be approved prior to making an appointment under this program.

I understand fees related to Late Cancellation or No Call/No Show are NOT covered by this program.

I understand if any payment is applicable it is due in full at time of service.

Applicant's Signature

Date Signed

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