



## 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):

FULL NAME	MINOR (under 18)	EMPLOYED	RECEIVES FINANCIAL ASSISTANCE
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Include documents as described below
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Include documents as described below
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Include documents as described below
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Include documents as described below

### 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 Brochure for Income Guideline Chart**



## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> <a href="http://www.tailsofhopewpa.org">www.tailsofhopewpa.org</a> | <input type="checkbox"/> Television: (please be specific) _____ |
| <input type="checkbox"/> Facebook   | <input type="checkbox"/> Radio: (please be specific) _____      |
| <input type="checkbox"/> LinkedIn   | <input type="checkbox"/> Newspaper: (please be specific) _____  |
| <input type="checkbox"/> Postcard   | <input type="checkbox"/> Event: (please be specific) _____      |
| <input type="checkbox"/> Friend (name): _____   | <input type="checkbox"/> 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 service 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 Hoezle Road, Hermitage, PA 16148**