

Stepping Stone Animal Society
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http://www.steppingstoneanimalsociety.com

# Low Income Spay/Neuter Subsidy Application <sup>1</sup>

Active duty or retired military service personnel please request our military discount that does not require proof of income.

Stepping Stone Animal Society clients whose household income falls at or below the federal poverty levels may qualify for a subsidy to pay for at least a portion of their spay/neuter surgical expense. To apply, complete this form and provide proof of income and residency. See "Income Requirements" and "Acceptable Proof of Income and Residency" on the back of this application.

### **Applicant Information**

Name				
Street Address	S			
City		State _	Zip	
Home Phone		_ Cell Phone		
Number of per	sons in household:			
	Animal(s) Info	ormation		
	LIMIT THREE ANIMALS PER ADDI	RESS PER	CALENDAR YEAR.	
Species (cat or dog)	Name	Gender	Breed	Age
to the spay/ne microchipping	hat the Stepping Stone Animal Society euter procedure. I agree to pay for a gical expenses incurred (for example ery.	any option at the time	al services requested of drop off prior to sur	(for example, gery, and any
Signature		Date		
<sup>1</sup> Amount and av	vailability of subsidy subject to change with	out notificati	on.	Created 02/19

#### QUALIFYING DOCUMENTS MUST BE SUBMITTED FOR APPLICATION TO BE PROCESSED

#### **Income Requirements**

# Persons in Household (circle # in your household)	Poverty Guideline* (you can make no more than this)		
1	\$12,490		
2	\$16,910		
3	\$21,330		
4	\$25,750		
5	\$30,170		
6	\$34,590		
7	\$39,010		
8	\$43,430		
	s, add \$4,420 for each additional person.		

## **Acceptable Proof of Income and Residency**

#### **Proof of Residence Proof of Household Income** (you must provide a physical address, (you must report ALL sources of a P.O. box is not sufficient; income in the household; the following are acceptable proof) the following are acceptable proof) W2(s) driver's license with your current address on pay stubs from the previous 3 pay periods state- or federally-issued ID with your first page of previous year's income tax current address on it return (black out SSNs) utility bill with your name and current social security or SSI benefits statement(s) address on it signed and notarized letter stating no income

<sup>\*</sup>From US Dept. of Health and Human Services; effective 01/11/19