

Application for Income Eligible Spay/Neuter Fees

About You								
First Name		Last Name						
 Email		Phor				Phone	Phone Number	
Address						Apt. #		
City					- - State			
Dog O	Cat		Rabbit O	∕our Pe		Female O	Male O	
Pet's Name		Pet's A	Pet's Age		Pet's Predominant Breed		Pet's Approximate Weight	
On y	our pet's schedul With that in mi							
	Monday O	Tuesday O		nesday O	Thursday O	Friday		



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Attestation of Household Income and Financial Hardship

In order to qualify for Napa Humane's low income fees, your household <u>must</u> meet one of the following criteria:

ASSISTANCE PROGRAMS **COMBINED GROSS INCOME** I or someone in my household currently My household's income does not exceed the "very low income" limitations by household size participates in at least one of the qualified as established by the California Department of assistance program(s): Housing and Community Development for Napa CalFresh/Food Stamps County. To use this method, please attach a CalWorks/TANF copy of your last tax return that shows gross WIC income and number of household members. If Medi-CA you do not file income taxes, please submit AT&T Lifeline three months of pay stubs per job per wage earner or use one of the options in Method 1. Currently participating My household I do not meet in an eligible program is "low income" either option 0 0 0 **Qualifying Documentation** If submitting any form(s) containing Social Security Number(s), please block out the numbers(s) so they are not legible. Please submit all relevent documentation with this form.

I declare under penalty of perjury under the laws of the State of California, that the above information is true and correct. I understand that this information is kept confidential. I also declare that I have not been convicted within the last five (5) years by any court of law for any violation of this chapter or any other law relating to animals, public nuisance caused by animals, or cruelty to animals in this or any other state.

Siganture

Date