



Person #: _____

**Humane Society of Waupaca County
Low Income Application**

Applicant Name (Last, then First)

Date of Birth

Address Line 1

Apt. #

Phones

home

Address Line 2

work

cell

City

Zipcode

List of all residents in household (List additional on back of this sheet)

Name	Relationship to Applicant	DOB
1		
2		
3		
4		
5		
6		
7		

Income- Last 30 days

\$

Salary/Wages	
Self Employment Income	
Pension or annuities	
Interest & Dividends	
Unemployment Comp.	
Rental Income	
Alimony or child support	
Other:	
Total	

Current Assets

\$

Checking/Savings Accts	
CD's/Money Mkt Acct	
Annuities	
Stocks/Bonds	
Mutual Funds	
IRA/KEOUGH	
Property (other than home)	
Other:	
Total Value	

**APPLICANTS MUST PROVIDE PROOF OF ALL HOUSEHOLD INCOME
No Exceptions**

I authorize the Humane Society of Waupaca County to examine any financial records that relate to my income. I declare under penalties of perjury that this application (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and is a complete return and report.

Signed

Dated

Pet #: _____

Person #: _____

Circle :	DOG	CAT	SPAY	NEUTER	FOR OFFICE USE NLY
Last Name: Initial					First Name: Staff Initials
Approval Letter/Verification					
Completed Application					
Completed Questionnaire					
Approval					
Payment					
Appointment					
Appt. Confirmation					
Phone Number to Call					

In the past 6 months, were you or anyone in your immediate household approved for any of the following:

- Food Care
- Badger Care
- Medical Assistance
- Child Care Program
- Energy Services Assistance
- W2

Another verifiable government program (we will have to verify)

IF YES, and you can provide a copy of the determination letter (dated within 6 months), this is considered proof. You still need to fill out the 2nd page of our application and pay \$20 (cash only) to make an appointment.

If not, then please fill out both pages of our application completely (turning in an incomplete application may result in an automatic denial). Provide proof of income for past 90 days:

- Paycheck stub(s)
- Copy of last completed Sched. C if self-employed
- Copy of bank statement(s) showing automatic deposits

Upon approval, you will need to pay your \$20 (cash only) to make an appointment.

Appointments will be taken on a first approved & paid/first served basis until all slots are filled. After your application is approved, we will need your \$20 co-pay to make your appointment. It is nonrefundable. If you do not show up with your animal on the day of surgery, within 15 minutes of the time you are scheduled, you lose your money. Sorry, but there will be no exceptions.

If you would like a microchip implanted in your pet, we can do so for an additional \$20, payable when you drop off. Please fill out the microchip registration form included in this packet.

contacted for future spay/neuter clinics?