



HELPING HAND FUND ASSISTANCE APPLICATION

Name:		
Date of birth:	SSN:	Phone:
Home Address:	City:	
Mailing Address (if different):	State:	ZIP Code:
Contact Phone Number:	Other Phone Number:	

HOUSEHOLD SIZE

Name:	Relation:

HOUSEHOLD GROSS INCOME (PLEASE USE INCOME BEFORE TAXES)

Name:	Amount	Frequency (circle one)			Employer:
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Children	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
Total	\$	Weekly	Monthly	Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child/Alimony Support					
Interest Income					
Other					
				Total	\$

SIGNATURES

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and or omissions may disqualify me from further consideration for the Helping Had Fund Program. If acceptance to the Helping Hand Fund program is obtained under this application, I will comply with all rules and regulations of the Helping Hand Program. I hereby acknowledge that I read the foregoing disclosure and understand it.

Signature of applicant:	Date:
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Note: In order to give you a discount on veterinary services, it is necessary for us to ask some personal questions. Your answers will be kept on file in strict confidence. You must verify your income when you apply for services.

Your yearly income tax return, copy of your W2 form(s) and last month's paycheck stubs will be sufficient proof. Your annual income and your family size will be used to calculate your discount. In the absence of the above documentation, other methods of proof and/or hardship factors may be substituted at the discretion of the Helping Hand Board of Directors.

Sliding Fee Scale:

- A-100% discount**
- B-75% discount**
- C-50% discount**
- D-25% discount**

HHF Maximum Grant \$1,000.00

Board Member Signature of Application Approval

Name:	Signature: