

Date _____

SpayNeuterNac

Free Low Cost

PROOF OF FINANCIAL NEED

Services at the low cost spay-neuter clinic at the Nacogdoches Animal Shelter are reserved for:

1. any dog or cat owner who demonstrates financial need according to the criteria below.
2. those who adopt from the shelter, regardless of financial need.

Name: _____ Address: _____

Work Phone: (____) _____

Home Phone: (____) _____ City, State: _____ ZIP: _____

METHOD ONE: PROOF OF HOUSEHOLD INCOME

2010 Federal Income Tax returns for all household members 18 years of age or older are required to prove household income. Please list additional household members on the reverse.

- | | | | | | |
|---|-----------------|-----------|---|---|---|
| 1. Name _____ | Age _____ | SSN _____ | - | - | - |
| 2. Name _____ | Age _____ | SSN _____ | - | - | - |
| 3. Name _____ | Age _____ | SSN _____ | - | - | - |
| 4. Name _____ | Age _____ | SSN _____ | - | - | - |
| 5. Name _____ | Age _____ | SSN _____ | - | - | - |
| 6. Name _____ | Age _____ | SSN _____ | - | - | - |
| 7. Name _____ | Age _____ | SSN _____ | - | - | - |
| 8. Name _____ | Age _____ | SSN _____ | - | - | - |
| 9. Name _____ | Age _____ | SSN _____ | - | - | - |
| 10. Name _____ | Age _____ | SSN _____ | - | - | - |
| 11. Name _____ | Age _____ | SSN _____ | - | - | - |
| 12. Name _____ | Age _____ | SSN _____ | - | - | - |
| 13. Name _____ | Age _____ | SSN _____ | - | - | - |
| 14. Name _____ | Age _____ | SSN _____ | - | - | - |
| 15. Additional household members on reverse | - total members | _____ | | | |

Persons in household	Household income	
1	\$10,830	\$21,660
2	\$14,570	\$29,140
3	\$18,310	\$36,620
4	\$22,050	\$44,100
5	\$25,790	\$51,580
6	\$29,530	\$59,060
7	\$33,270	\$66,540
8	\$37,010	\$74,020
For families > 8	Add \$3,740 per person	Add \$7,480 per person
Source	Federal Assistance	State Assistance

ATTACHED – Copy of Texas State Photo ID Initial _____ Date _____
 Copy of Tax Returns Initial _____ Date _____

METHOD 2: PROOF OF GOVERNMENTAL ASSISTANCE

Present for photo copy your State or Federal Government ID which entitles you to any of the following aid programs, or Benefits check stub dated in the past 30 days:

Qualify for Free Services:

- 1. **AFDC** – Aid to Families with Dependent Children
- 2. **Medicaid**
- 3. **FPHA** - Federal Public Housing Assistance (Section 8)
- 4. **Food Stamp Program**
- 5. **Unemployment**
- 6. **VA Disability** – Veterans' Administration

Qualify for Low Cost Services:

- 7. **CEAP** – Comprehensive Energy Assistance Program
- 8. **CILID** – Centers for Independent Living for Individuals with Disabilities
- 9. **Head Start**
- 10. **LIHEAP** - Low-Income Home Energy Assistance Program
- 11. **NSLP, SBP & SMP** – National School Lunch Program, School Breakfast Program, Special Milk Program
- 12. **SCHIP** – TexCare Children’s Health Insurance Program
- 13. **SNAP** – Supplemental Nutrition Assistance Program
- 14. **Social Security Disability**
- 15. **SSI** - Supplemental Security Income
- 16. **TANF** – Temporary Assistance for Needy Families
- 17. **WAP** – Weatherization Assistance Program
- 18. **WIC** – Special Supplemental Nutrition Program FOR Women, Infants and Children

ATTACHED – copy of ID OR CHECK STUB Initial _____ Date _____

REGISTERED PETS:

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

K9 Fel Name: _____ Breed: _____ Wt: _____ Color: _____ ID: _____

HOW IS THIS PROGRAM FUNDED?

- 1. Equipment and supplies for clinic set-up were provided largely by the Humane Society of Nacogdoches County, but also by many donors who are listed on our website at www.spayneuternac.com, as well as donors who wish to remain anonymous.
- 2. The City of Nacogdoches funds clinic operation – renewable supplies, medical and administrative staff. There are also many who donate to the City in support of this project.
- 3. The Humane Society of Nacogdoches County has agreed to pay surgery and medical fees for those who qualify for criteria in the middle column at the bottom of page one.
- 4. St. Francis Rescue of Nacogdoches has agreed to pay 80% of surgery and medical fees for pit bull dogs owned by those who qualify for the criteria in the right column at the bottom of page one.
- 5. City Tags are required for those who live inside the City Limits, and are the responsibility of the pet owner. The City Tag Fee is included in the per animal co-pay for those who meet the criteria in the middle column at the bottom of page one.
- 6. Microchips are optional, and if elected are the financial responsibility of the Pet Owner.