



SNIP Fund Application

The Snip Fund program offers a low-cost way to spay or neuter your own dog or cat that is at least 3 months old and includes: routine surgery, pain medication, rabies and distemper vaccination and a microchip.

To apply you must: be a resident of Franklin County in North Carolina, AND your household income is twenty-thousand dollars (\$20,000) or less/year AND/OR you receive support from an assistance program listed below. **Proof of financial need is required.**

How this program works:

1. Fill out this application and send it, **along with copies of financial information**, to the SPCA of Franklin County. Faxed applications will not be accepted. If you need help filling out the application, call 919-556-0954 or email: spcafc@gmail.com

MAIL TO: SPCA of Franklin County SNIP Fund
105 MILL CREEK DR
Youngsville NC 27596

2. If your income qualifies, you will receive a spay/neuter voucher (valid for 90 days) in 2-4 weeks.

3. The voucher will have the info you need to make the veterinary appointment. The co-pay amount (cost to you) is \$20 for a cat, and \$35 for a dog. **This fee must be paid in cash to the veterinarian when you drop off your pet.**

YOUR INFORMATION – PLEASE PRINT CLEARLY AND ANSWER EVERY QUESTION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

(if different from Mailing Address)

City: _____ State: _____ Zip: _____

Phone-day: _____ night: _____

E-mail: _____

FINANCIAL INFORMATION

What was your **total household income** last year from **all** household members:

▶ Income from the past 12 months? \$ _____ Has your income changed with the last 12 months? YES NO

▶ If YES please explain: _____

▶ Income from other sources last year (SSI, child support, alimony, unemployment, etc.): \$ _____

To verify this you must send us a copy of your most recent IRS filing (**1040, 1040 EZ, etc**).

Do you receive support from any of the following assistance programs? Please choose all that apply.

If you select any of choices below you must provide us with a copy of the most recent version.

Medicaid card (for adult, not child)

Disability

WIC card (with current date)

Social Security Income - (for adult, not for child)

NOTE: Social Security Income is NOT a qualification unless social security is your ONLY income. If so provide copy of last three bank statements showing deposit of SSI check.)

EBT (food stamp) card with photo ID & food store receipt dated within previous 3 weeks

Please list **all** household members, including yourself, who rely on the income you have listed:

First Name	Age	Occupation	Full/Part Time?
1			
2			
3			
4			
5			
6			

PET INFORMATION
MAXIMUM OF 4 PETS PER HOUSEHOLD
LIST ANIMALS THAT REQUIRE SPAY/NEUTER SURGERY BELOW

Name	Sex	Age	Weight	Breed & Color	Dog or Cat

Total number of pets in home: _____ Total number of pets NOT spayed/neutered: _____

Any pets in heat or pregnant? YES NO Are your pets up to date on Rabies shots? YES NO
 UNSURE (if yes you MUST bring the current rabies certificate to your appointment)

I understand that the SNIP Fund is for low-income pet owners only. I hereby attest to the accuracy of this information. The SPCA of Franklin County has my permission to verify this information to prove that I qualify. If any of the information I have provided about my income or eligibility is found to be false, I will be responsible for the payment of a standard rate of \$200 per pet for the procedure and vaccinations given to my pet.

Signature: _____ Date: _____

Note: The information you provide will be used only to find out if you qualify for this program and will not be sold or shared for any purpose.

Below is for office use only:

Reviewer: _____ Date _____ Approved _____ Denied _____

Referred to: _____

Issue Date: _____ Voucher # _____ Expires _____

Notes: