

4PetSake



Food Pantry Inc.
PO Box 216

Mohawk, New York 13407

315-796-2584

- **Please read carefully and send in all required paperwork.**
- **An incomplete application will place the review of your membership qualification in pending status until all the information has been received.**

4PetSake



Food Pantry Inc.

Application for Pet Food Assistance
TERMS OF AGREEMENT TO RECEIVE DONATIONS

- * **One applicant per household, per month (must not be receiving food from another pet food pantry/bank). Proof of ownership (copy of license, rabies/spay/neuter certificate or vet bill) is necessary.**
- * PLEASE BE HONEST about your need for assistance. If your financial situation changes, you must immediately notify *4Petsake Food Pantry, Inc.* so that others may benefit.
- * We are not a permanent source of pet food. We offer temporary assistance only.
- * You agree that food received from *4Petsake Food Pantry* will not be fed to feral or wild animals.
- * Maximum of 3 pets per household.
- * No one in the receiving household has the right to resell, or return to a store, food or items provided by the pet food pantry. If pet foods/items are resold, the household and all members are no longer eligible.
- * Humane treatment of the animal(s) is mandatory. None are to be exclusively quartered outdoors, nor left on a chain 24/7 and must have FRESH water every day.
- * **All pets must be spayed or neutered or you agree to spay/neuter your pet within 4 months of joining the pantry.**
- * By accepting pet food, the Recipient agrees not to hold the pet food pantry staff, volunteers, and benefactors legally liable in the unfortunate event the recipient's pet(s) becomes ill due to its food being changed.
- * The Recipient must agree to maintain safe and healthy living conditions for all pets and to inform a proper agency *immediately* if this becomes no longer possible.
- * Recipient agrees that pet(s) receiving donations of food are for their personal companionship and not for breeding or profit.
- * **The recipient must pick up their own food *once* a month. Other circumstances must be authorized by the pantry manager or by calling 315-796-2584.**
- * The Beneficiary of the pet food pantry must understand that the quantity and brands of food, as well as distribution, are limited to donations and are subject to change based on availability.

By signing, I agree to all of the above requirements:

Signature _____ Date: _____

Proof of income requirements:

4PetSake Food Pantry has income limits for pet owners seeking assistance from the pantry. You must provide proof that your household's income is at or below the guidelines as shown below. Continued membership in the pantry will require annual submission of proof of income.

PLEASE CIRCLE NUMBER OF HOUSEHOLD MEMBERS

FAMILY SIZE		ANNUAL		MONTHLY
1		\$26,951		\$2,246
2		\$36,541		\$3,045
3		\$46,132		\$3,844
4		\$55,722		\$4,644
5		\$65,312		\$5,442
6		\$74,903		\$6,242
7		\$84,493		\$7,041
8		\$94,084		\$7,840

You must submit proof of income, such as:

- A copy of your latest income tax return, or
- A copy of your latest check stub, or
- A letter signed by a social worker or employee of an agency helping you get other types of assistance that confirms your income level, or
- Other papers that provide proof of monthly income such as Social Security, award letter, unemployment check stub or disability check stub, or
- Food stamps or Medicaid eligibility letter.

Special Circumstances:

If you need assistance but do not qualify, we can still consider your case if you can prove temporary financial hardship with appropriate documentation, such as recent job loss, major illness in the family, etc.

PLEASE BE HONEST ABOUT YOUR NEED FOR ASSISTANCE. IF YOU'RE FINANCIAL SITUATION CHANGES YOU MUST NOTIFY US SO THAT OTHERS MAY BENEFIT.

ALL DECISIONS OF 4PETAKE ARE FINAL. OUR MISSION IS TO HELP TRULY NEEDED PET OWNERS KEEP THEIR PETS. IF YOU CANNOT PROVE YOUR NEED, WE WILL NOT BE ABLE TO HELP.

By signing, I agree to all of the above requirements:

Signature: _____ Date: _____

4Petsake Food Pantry, Inc.

PO Box 216
100 East Main Street
Mohawk, NY 13407

2022

(315)796-2584

REQUEST FOR SERVICES

(Please print neatly & return to Pet Food Pantry Coordinator)

Name: _____ Email: _____

Address: _____

City/State/Zip: _____ Phone: _____

Note: Dry food will be provided each month for up to three spayed/neutered cats or dogs per household. Canned food will be provided when available and if requested. Special dietary needs will be provided if food is available.

PET INFORMATION:

Pet's Name: _____ *Cat* *Dog* (circle one)
Breed: _____
Weight: _____
Spay/Neutered? Yes No (circle one)
Special Food? _____

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Breed: _____
Weight: _____
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By submitting this application I agree not to hold the pet food pantry staff, volunteers, and benefactors legally liable in the unfortunate event my pet(s) becomes ill due to its food being changed.