

# Pirate Dogs O.C. Inc.

## Assistance Application

Dear Community Member:

Pirate Dogs O.C. Inc. is a 501(c) (3) organization, helping to prevent animal surrenders and abandonments through support, advocacy, and education. Pirate Dogs O.C., Inc. serves the New York counties of Orange, Ulster and Dutchess.

It has come to our attention that you may need assistance at this time to continue caring for your pet. We at Pirate Dogs O.C. recognize this need and are here to assist you whenever possible. (Pirate Dogs O.C. does not provide assistance for any individuals breeding for profit.) To assess whether you qualify for assistance at this time, we require a completed application (see attached) and **one** of the following proofs of income for our review:

1. Wages - Copy of your pay stubs for the past three pay periods (most recent)
2. Social Security/Disability determination letter
3. Unemployment compensation letter
4. Workers' compensation determination letter /Retirement /Pension determination letter
5. Copy of your most recent W-2 and/ or tax return

If you are unable to provide income documentation for the last year, as noted above, please provide us with a notarized self-attestation of income. Upon receipt of all the information we will decide on the amount of your assistance within five business days and will notify you in writing, along with the extent of aid. We limit our aid to \$300 per year, per applicant, and per pet. (In certain cases, we may make an exception.) Pirate Dogs will pay directly to your veterinarian.

Thank you,

Pirate Dogs O.C. Inc.

P.O. Box 2441, Newburgh, NY 12550 / email: [pirate.dogsoc@gmail.com](mailto:pirate.dogsoc@gmail.com)  
[www.piratedogsoc.org](http://www.piratedogsoc.org)

# Pirate Dogs O.C. Assistance Application:

Applications Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet Type: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Pet Neutered / Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ # of Years: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Retired Date: \_\_\_\_\_ Pension/ Monthly Income: \$ \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Current Place of Residence: Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

**HOUSEHOLD INCOME:** Applicant (circle one) Yearly / Monthly Salary: \$ \_\_\_\_\_

Spouse / Partner Salary: \$ \_\_\_\_\_

**TYPE OF ASSISTANCE REQUESTED:** (you must reside in either Orange, Ulster or Dutchess County in New York)

Please identify the type of assistance that you are requesting:

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**I / We agree that this application will remain the property of Pirate Dogs O.C. Inc. regardless of assistance granted. I / We hereby authorize Pirate Dogs O.C. Inc. to verify my / our employment history. I, the undersigned, do acknowledge that all information is true and accurate to the best of my knowledge. This is a request for uncompensated assistance provided by Pirate Dogs O.C. Inc.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse/Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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