



**Pirate Dogs O.C. Inc.**

845-728-2113

845-527-1212

Pirate.dogs@aol.com

Date: \_\_\_\_\_

Dear Community Member:

Pirate Dogs O.C. Inc. is a 501[c][3] organization, preventing animal surrenders, abandonments and keeping animals out of the shelters through support, advocacy and education.

It has come to our attention that you may be in need of assistance at this time in order to continue caring for your pet. We at Pirate Dogs O.C. recognize this need and are here to assist you whenever possible. In order to assess whether or not 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, which can be considered in some circumstances.

Upon receipt of all information, determination of assistance will be decided within 5 business days. You will be notified of the approval/denial and will receive the decision in writing, along with extent of aid. All aid is limited to \$300 per year per applicant and per pet. (In certain cases exceptions may be considered.)

Thank you,

Pirate Dogs O.C. Inc.



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Applicants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Primary Telephone Number: \_\_\_\_\_ Alt. Telephone Number: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Years: \_\_\_\_\_

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

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

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

**INCOME:**

Applicant (circle one) Yearly/Monthly Salary: \$ \_\_\_\_\_ Spouse's \$ \_\_\_\_\_

**TYPE OF ASSISTANCE REQUESTED:**

Please identify the type of assistance that you are requesting: \_\_\_\_\_

**I/We agree that this application will remain the property of Pirate Dogs O.C. Inc. regardless if assistance is 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.**

**Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**