

Helping Seniors Keep Pets
Financial Assistance Worksheet

PLEASE PRINT CLEARLY

All information must be complete and verifiable.

Household Income (1) _____
Household Income (2) _____
Other Income (3) _____
Savings _____
Total _____

Do you or anyone living in the home receive any other type of assistance? _____

If yes explain _____

	AMOUNT PER MONTH	Paid to	Phone number
Rent	_____	_____	_____
Utilities	_____	_____	_____
Medical	_____	_____	_____
Food	_____	_____	_____
Pet	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

Total _____

Any other expense: (Please list on separate sheet of paper.)

Print name: _____

Signature: _____

Date: _____

FALSIFICATION OF INFORMATION ON ANY PART OF THE APPLICATION WILL RESULT IN DENIAL OF FINANCAIL ASSISTANCE.