



PENSACOLA
HUMANE SOCIETY

Escambia County Resident Grant

Qualifying Form



Residency and Income Verification

STATEMENT FOR THE RECORD: I attest to the fact that the information provided on this application is true and accurate to the best of my knowledge. I also attest that the Residency Information provided is true and Income information supplied to the Pensacola Humane Society represents the TOTAL income received by ALL members of my household.

My household's gross annual income is: _____

My household has _____ **Adults (any member of the household over the age of 18)**

Are you able to provide proof of income for EACH Adult Member of the Household? _____

Are you a resident of Escambia County in Florida? _____

SIGNED: _____ **DATE:** _____

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **Drivers License #:** _____ **ST:** _____

May we contact you after the surgery is performed to get your feedback? Yes No

For Office Use Only

Staff is required to attach copies of each of the following to this application:

- ID
- Proof of Residency
- Proof of TOTAL Household Income