



PENSACOLA
HUMANE SOCIETY™

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? _____

I am a resident of _____ County, Florida? _____

Signed _____

Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Driver's License/ID#: _____ St: _____

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

For Office Use Only

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

- ID
- Proof of Residence
- Proof of ALL HOUSEHOLD INCOME

Grant Program

- Escambia County Resident Grant
- Santa Rosa County Resident Grant

***This program is available until funds are depleted. No guarantee of grant funds is made. This program will end upon depletion of funds with no prior notice given.**

Resident Grant Qualifying Form

Please complete this application to apply for a discounted spay/neuter surgery for your pets.
 This program does **NOT** cover the cost of vaccines OR additional services.
 This program is **ONLY** available to residents of Escambia & Santa Rosa Counties in FL.

Please be prepared to provide copies of the following documents:

1. **Government issued photo ID**
2. **Proof of Residence in Escambia or Santa Rosa County, Fl (must provide one of the following documents).**
 - Utility Bill (power, water, cable or phone. Note: must show SERVICE address not just “bill to” address).**
 - Lease Agreement**
 - Automobile Registration**
3. **Proof of TOTAL household income (must be below \$35,000 combined for ALL household members).**
 - Most recent tax returns (2018) (for all members of household) –or–**
 - Most recent W-2 (2018) (for all members of household) -or-**
 - Most recent pay stubs (for all members of household)**
4. **Proof of Vaccinations**
 - * (Any cat/dog that is not accompanied by a **CURRENT RABIES VACCINATION CERTIFICATE** will be required to receive a rabies vaccination on the day of Surgery for a fee of \$15).
 - *By state law, rabies vaccinations must be given by a licensed veterinarian. Rabies vaccinations given by Pitbull Paradise or given by pet owners are not considered valid.

Animal Name	Species	Gender	Rabies Expires (MM/DD/YY)

NEXT STEPS:

Schedule your appointment at the Barbara Grice Spay & Neuter Clinic. (850) 898-3380. Please inform the staff that you wish to use the Resident Grant Program. **Bring the following with you to your appointment:**

Your pet(s) **This qualifying form** **Proof Document (ID, Residency, HH Income, Rabies Certificate)**

Cash/Credit/Debit **\$15 Rabies Vaccination (if applicable)**