

FEED THE FAMILY PET ASSISTANCE APPLICATION

Twin County Humane Society

[Counties of Carroll, Grayson & City of Galax]

Mail to: TCHS, P. O. Box 125, Hillsville, VA 24343

ATTN: Feed the Family Pet

Helpline Number: (276) 728-4038

[TOTAL FAMILY INCOME MUST BE LESS THAN \$25,000]

DATE _____ [Needs to have container(s) to put food into.]

NAME _____
LAST FIRST MIDDLE MAIDEN NAME

STREET ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

Directions to home: _____

Home # _____ Cell# _____ Email Address: _____

SPOUSE or OTHER INCOME PROVIDER IN HOME:

LAST FIRST MIDDLE

PET INFORMATION

Total NUMBER PETS IN YOUR HOUSEHOLD: Dogs _____; Size: Small _____ Medium _____ Large _____ Cats _____

Do your pets live inside or out? _____

Approximately how much do your pets eat in a month? Dogs _____ Cats _____

APPLICANT'S EMPLOYMENT

COMPANY NAME _____

YOUR TITLE/DEPT _____ \$ _____
GROSS MONTHLY INCOME

EMPLOYMENT OF SPOUSE OR OTHER INCOME GENERATED IN HOUSEHOLD

COMPANY NAME _____

TITLE/DEPT _____ \$ _____
GROSS MONTHLY INCOME

OTHER INCOME OR ASSISTANCE (gov't aid or any other)

SSI, Food Stamps, Disability, ETC. _____

Total GROSS MONTHLY INCOME: _____

I HEREBY GIVE THE TWIN COUNTY HUMANE SOCIETY, INC. THE CONSENT AND AUTHORITY REQUIRED TO COMMUNICATE WITH ANY OTHER PERSONS OR PARTIES CONCERNING MY HISTORY FOR THE PURPOSE OF VERIFYING THE INFORMATION ON MY APPLICATION. I ALSO GIVE TCHS PERMISSION TO VISIT MY HOME IF NEEDED.

APPLICANT: _____

CO-APPLICANT: _____ Date _____