



HUMANE ASSOCIATION

MADE POSSIBLE BY
A GRANT FROM THE



Self-Attestation of Income

Wanderers' Rest Humane Association (Voucher # office use only): _____

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip Codes: _____

Number of people in household (including self): _____

ANIMAL TO BE SPAY/NEUTERED

NAME OF ANIMAL: _____

ANIMAL TO BE ALTERED: CAT _____

DOG _____

(ESTIMATED) AGE OF ANIMAL _____

BREED _____

SEX: M / F

COLOR _____

Individuals who are currently receiving certain benefits automatically meet the income standard for these qualifying programs. *Applicants that qualify will receive funds in full for spay/neuter only. All other applicants will be eligible for \$100 voucher for spay/neuter.*

- Family Assistance
- Medicaid
- Safety Net Assistance
- SNAP Food Stamps
- Supplemental Security Income (SSI)
- HEAP

Please provide proof of benefits received or income based on filed tax documents.

Applicants/Recipients must read the following and sign below: I certify that all the above information is true and accurate. I understand that this information is to be used to determine program eligibility.

Applicant Signature: _____ Date: _____

Applicants must meet the following criteria for household size maximum gross monthly income.

1	\$2,318	7	\$6,017
2	\$3,031	8	\$6,150
3	\$3,744	9	\$6,284
4	\$4,457	10	\$6,418
5	\$5,170	11	\$6,733
6	\$5,883		



Each additional person \$523.00, proof of income must be submitted to qualify for spay and neuter grant.

WRHA is an open admission Shelter dedicated to providing the highest quality care and compassion for the animals entrusted to us while leading our community in creating a more humane society.

(Applicants will be responsible for any other costs required by the veterinary hospital/clinic such as exam fees, medication, vaccinations, bloodwork and/or testing. Check with the hospital you choose to determine if they except the voucher and what they will require from pet owner.)