

# P.A.W.S. Pet Aid Food Bank Application

SPECIES, NAMES, BREEDS AND AGES OF ANIMALS RECEIVING AID:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Applicant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever applied for pet aid before? Yes No yes when?

Are you animals spayed/neutered? Yes No

Do you receive unemployment? Yes No

Are you receiving disaster assistance? Yes No

Are you permanently disabled? Yes No

Do you receive social security? Yes No

Do you receive housing assistance? Yes No No

Do you earn less than \$19,000 per year? Yes No

Do you have Medicaid, Medicare or Peach Care? Yes No

Are you requesting help with fencing? Yes No

**Please read the disclaimer below and state yes if you agree with the statement:**

I agree to the information I have stated above. I agree to only accept food assistance twice in a 12 month period and veterinary cost assistance once within a 12 month period. I agree that

I will only apply for assistance one time only for pet kennel/fencing. I agree to not use my animal(s) for breeding or illicit purposes. I agree to provide proof of income qualifications as well as photo identification to Public Welfare Services staff. I agree that if I am found guilty of an animal control citation, I will not be eligible for P.A.W.S. pet aid thereafter.

Please Sign: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_