

Animal House Project
 A 501(c)3 Charitable Organization
 d/b/a **Chester County Pet Food Pantry**
 1055 S. Hanover Street; Suite 1
 Pottstown, PA 19465
 www.animalhouseproject.org
Assistance Application



To request assistance from the Animal House Project d/b/a Chester County Pet Food Pantry (hereinafter referred to as "Provider"), please provide all of the requested information, printing legibly, and mail the completed application to **Animal House Project; Attention: New Application Department; 1055 S. Hanover Street; Suite 1, Pottstown, PA 19465.**

Applicant Information

Name _____
 Street Address 1 _____
 Street Address 2 _____
 City ST ZIP Code _____
 E-Mail Address _____
 Primary Phone Number _____ Secondary Phone Number _____

Requirements – Please Initial your Acceptance of the Conditions:

1. I understand that I may receive a monthly supplemental supply of pet food for my pets as identified on Page 3 of this application and may not fulfill all the dietary needs of my pets. I will inform Provider of any changes to the information regarding my pets listed on Page 3 of this application. _____
2. I understand that the food that I will be receiving has been donated to the Provider and cannot expect that my specific type and/or brand of food will be available. _____
3. I understand that it is a Pennsylvania State Law that my canine pets must be licensed. I agree to provide proof of Pennsylvania canine dog licenses upon request. _____
4. I understand that the Provider will provide pet food on a first come, first served basis; as available and there are limitations on the volume of pet food that will be provided to a household. _____
5. I agree that my pets will be spayed or neutered within 3 months of acceptance into this program and that if documented proof from a veterinarian is not provided; I can be removed from the program. Provider provides referral services for low cost and at times free spay/neuter for pets. _____
6. I agree that my canine and feline pets have had or will receive a rabies vaccination within 3 months of acceptance into this program and that if documented proof from a veterinarian is not provided; I can be removed from the program. Provider provides referral services for low cost and at times free vaccinations. _____
7. I agree that my pets and all pets in my household are for companionship, not for breeding or any illegal activities. _____
8. I agree that no one in my household will resell any food or pet items that are provided by the Provider. _____
9. I agree to attend to my pets in a timely manner if they need medical care (including vaccinations) and to maintain healthy living conditions for my pets. I agree that I will let someone know if this is not possible. _____
10. I agree to not tether or chain any of my pets 24 hours per day; 7 days per week. _____
11. I agree to feed and give fresh water to my pet(s) every day. _____
12. I agree that my pets receiving assistance live in my home and are not strays. _____
13. I agree to provide proof of income status such SSI; unemployment; or disability income to prove that my household income is within 200% of federal poverty guidelines. _____
14. I understand that the Provider will review my qualification for assistance every 6 months. _____
15. I understand that the Provider has the right to terminate or deny service to anyone or any household at any time and without notice. _____
16. I understand that only 1 (one) application per household will be accepted under this program (max. 6 pets – dogs/cats). _____

Assistance Application

Applicant Income and Statement of Need

Date of Birth _____ Social Security Number _____

PA Driver's License Number _____ PA Driver's License Expiration _____

Applicants total monthly income _____

Have you or any member of the household received assistance from the Provider before? (Circle appropriate response) YES NO If yes, when was assistance from the Provider? _____

Do you or any member of the household receive pet food/care assistance from any other agency? (Circle appropriate response) YES NO If yes, what agency provides the pet food/care assistance? _____

Are you currently employed? (Circle appropriate response) YES NO

If you are employed:

How long have you worked for this company? _____

Employer Name _____

Employer Street Address _____

Employer City State ZIP Code _____

What are the circumstances that have caused you to require assistance for pet food/care?

Please provide information regarding any additional household members:

Name	Age	Employment Status	Monthly Income

How did you hear about the Animal House Project / Chester County Pet Food Pantry? _____

Emergency Contact

Name _____

Street Address _____

City ST ZIP Code _____

Primary Phone _____

Secondary Phone _____

E-Mail Address _____

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Veterinarian Information

Veterinarian Name _____
Veterinarian Street Address _____
Veterinarian City ST ZIP Code _____
Veterinarian Phone Number _____

Pet Information – Maximum Number of Dogs/Cats Combination - 6

Please provide the following information for each pet in your household.

	Pet Name	Type (eg: Cat, Dog, Bird)	Breed	Age	Weight	Gender	Spayed or Neutered? (Yes or No)	Rabies Shot? (Yes or No)	Special Diet Required* (*if yes, explain)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

*This program relies on donated food from the community. The type and amount of food provided cannot be guaranteed.

Assistance Application

Agreement and Signature

The information provided on this application is kept strictly confidential and will not be released unless we receive written authorization from you personally.

Applications when completed must be mailed to **Animal House Project; Attention: New Application Department; 1055 S. Hanover Street; Suite 1, Pottstown, PA 19465.**

In order to receive assistance, you must include the following information with the application:

- Copy of valid government issued photo identification; **and**
- Documentation of economic status or need as applicable:
 - Unemployment determination letter, and/or Veterans' Administration statement of benefits, and/or SSI/Social Security benefit verification letter, and/or current paystub along with the first page of your Federal Income Tax Return with first 5 digits of your social security number concealed.
 - Proof of a catastrophic event that result in a severe impact to the household income or expenses. Examples include but are not limited to: loss of home due to fire resulting in the need to stay in a shelter, loss of primary household income due to layoff, change of household status due to domestic violence.

By signing this application, I understand and am stating that the above information is true, correct and complete and I agree to all of the application terms as set forth above. I understand that this program relies on donated food from the community and I agree to release and hold harmless Animal House Project, and Chester County Pet Food Pantry; its owners; directors; volunteers; donors and affiliates from any and all liability as it relates to health issues; injuries; allergies; or similar problems that may result from the pet food and/or any items provided by Animal House Project, and Chester County Pet Food Pantry. I understand and accept that there may be times that pet food will be distributed in zip lock bags and/or bags that have been damaged from shipping and transportation. From time to time, we may ask to use information or pictures pertaining to you and/or your pets in the media, website, annual report, and/or other written communications and we will submit a request for release of photographs and information. By signing this agreement you hereby grant (1) permission and consent to Animal House Project, and Chester County Pet Food Pantry to use such pictures and/or information and (2) represent that you are authorized to sign this consent and agreement to receive assistance through this program. In the event that your current situation changes and you no longer are in need of this program, you hereby agree to withdraw from the program so that the people in need can be served.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form.

For Use by Provider Only

Application Processor Name: _____ Date: _____

Approved: _____ Pending: _____ Denied: _____

Comments (required for Pending or Denied status): _____

