

Tiffany Dlesk Spay-Neuter Clinic

Financial Qualification Application

General Information

Name: _____

Physical Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Do I qualify for low cost spay/neuter services from TDSNC?

The Tiffany Dlesk Spay-Neuter Clinic has no restrictions on location. TDSNC looks at **total household income**, which includes the incomes from **both** spouses, **both** unmarried partners, or **both** parents if you live with them.

Number of people in household _____

Annual household income _____

We **require** a *photo ID* and *documented proof of income* (First page of current tax form (**NOT W-2 form**), last month's payroll statements, DHHR/Social Security documentation, current bank statement). Please attach all required documents with this application. **Documents cannot be returned. They are destroyed after verification to protect your privacy.**

READ THIS BEFORE YOU SIGN : I hereby attest that all information submitted in this application is true and correct, and that I have not omitted anything which would make this application false or misleading. **I have disclosed my household's entire income. I am applying for services for my own use only.** I understand the TDSNC may use any and all available resources to verify the information I have submitted in this application. I understand that if I have violated any of these terms, or supplied fraudulent information, **TDSNC may prosecute to the full extent of the law.**

Signature

Date

FOR OFFICE USE ONLY

- Proof of Income/DHHR
- Photo ID
- Dog License

APPROVED
DENIED
Staff Initials _____