



## **Little Angels Help Program** **Financial Assistance Application**

### ***Guidelines for Applying for Assistance***

We are an organization dedicated to helping families who find themselves in a temporary financial crisis at the same time their pet requires life-saving treatment or life-sustaining medications. We are committed to ensuring we help maintain and strengthen the bond between pets and their families during times of unexpected financial crisis.

Please note not all applications will be approved for funding. If your application is approved, that is not a guarantee of full requested funds being provided. As well, if your application is approved and funded, we will require very detailed information regarding your pet's emergency care and follow up wellness.

**The following is a list of the minimum documentation you are required to provide during the application phase:**

- Proof of Income (IRS Tax Return Form 1040s + Recent Paycheck Stubs for all working adults in the household where the pet resides)
- Proof of Identity, State issued License, Identity Cards, or Passports are all acceptable.
- Proof of the hardship you claim (if your income exceeds 300% of the Federal Poverty Guidelines
  - OR a Social Security Statement for the pet-owner

- Proof that you own the animal in need, this can be determined with adoption/purchase Papers, vet records, or Rabies certificates for two consecutive "terms"

**If this application is in response to a hardship caused by the COVID-19 outbreak, the above forms will not be necessary. We will, however, need the following:**

- Proof of loss of income due to the COVID-19 outbreak
- Proof of financial hardship due to you or a family member contracting COVID-19
- Proof of Identity, State issued License, Identity Cards, or Passports are all acceptable.

Proof that you own the animal in need, this can be determined with adoption/purchase papers, vet records, or Rabies certificates for two consecutive "terms"

***We are a US non-profit only. Requests from outside the United States will be automatically denied. Our finances change daily. We are actively fundraising nationwide, however, if we do not take in donations, we cannot offer assistance.***

If your request does not meet our Standard Guidelines or if we do not have sufficient funds available to "bridge the gap," you will receive an immediate and automated denial email. Our guidelines are based on three sets of criteria - our Responsible Pet Owner Standards, the pet's crisis, and your household financials. As a result, we need you to answer every question honestly and completely. Please do not elaborate on the fields for specific questions. Use the Description area to provide any additional information you wish.

- ***Please acknowledge you approve of the use of photos or testimonials of your story on our social media platforms by initialing here \_\_\_\_\_***
- ***Please acknowledge you've read and understood this page by initialing here \_\_\_\_\_***

# Application

Name of Applicant (First and Last): \_\_\_\_\_

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

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

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

Name of Animal in need: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male/Female      Spayed/Neutered: Yes/No      Breed: \_\_\_\_\_  
*(Circle one)*                              *(Circle one)*

Is this a personal pet(s)? \_\_\_\_ Or is this pet(s) with a rescue group? \_\_\_\_

Describe the medical need situation:

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- What is the estimated amount requested? \_\_\_\_\_
- Projected household income this year: \_\_\_\_\_
- Household income from 2 years ago: \_\_\_\_\_
- Have you been affected by the COVID-19 outbreak? If yes, please describe how.

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**Please check each box that applies to your current situation:**

I am currently employed

I am currently unemployed or rely solely on government assistance

I do NOT breed dogs or cats  (check this box if you NEVER intentionally bred one of your pets)

We do not qualify for a credit card

We do not have pet insurance

Additional notes & description of needs you may wish to add. You may also use this space to explain your temporary hardship.

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If you are requesting help with veterinary bills, please provide any estimate you have received with the clinic's name, address, and phone number.

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Name:

Date:

Signature:

Date: