

Lycoming County SPCA Spay/Neuter Application

Date ____/____/____ Lycoming County City of Williamsport

Name: _____

Address: _____
Street City Zip

Phone: _____ Phone #2: _____

Number of people in household: _____ Adults: _____ Children: _____

Your Pet's name _____ Pet's Age: _____

Male Cat Female Cat Male Dog Female Dog

Weight: ____ lbs. Breed: _____ Color(s): _____

Date of pet's rabies shot: _____ Distemper shot: _____ Dog License # _____

Your cat must be in a carrier. If you do not have one you may purchase a cardboard carrier from us for \$2.00.
Would you like to buy one today? Yes No

You will receive a free microchip identification provided through a grant from the City of Williamsport's Community Development Block Grant Fund. Please provide an alternate contact to use if we are unable to contact you.

Alternate Name (_____) Phone

Your co-pay is based on total household GROSS income per year. Your prior year tax returns are required as proof.

No income - \$10,000	You pay \$0
\$10,001 - \$20,000	You pay \$10
\$20,001 - \$30,000	You pay \$20
\$30,001 - 35,000	You pay \$30
\$35,001 and over	You may be ineligible

I understand that the Lycoming County SPCA's service for my pet is limited to the financial assistance for spaying or neutering. By my signature, I release the Lycoming County SPCA of any and all liability to me or my pet with respect to the spaying or neutering of my pet.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Proof of income: \$ _____/year Source of Income _____

Animal # A _____ Person # P _____ Co-pay paid: _____

Employee Initials _____ Veterinarian: _____

PLEASE COMPLETE BACK OF APPLICATION

CITY OF WILLIAMSPORT
COMMUNITY DEVELOPMENT BLOCK GRANT
INCOME SURVEY

The following information is necessary to support funding under a federal CDBG program. Each family should indicate the number of persons living in the residence and whether total family income is above or below the listed figure for the size of the family. Please check _____ the box that corresponds to the size of your household _____ and whether your income is above or below the number indicated.

_____ 1 Person	Total Income is _____ Above _____ Below	_____ \$12,250 _____ \$20,350 _____ \$24,550
_____ 2 Person	Total Income is _____ Above _____ Below	_____ \$14,000 _____ \$23,250 _____ \$27,900
_____ 3 Person	Total Income is _____ Above _____ Below	_____ \$15,750 _____ \$26,150 _____ \$31,380
_____ 4 Person	Total Income is _____ Above _____ Below	_____ \$17,450 _____ \$29,050 _____ \$46,500
_____ 5 Person	Total Income is _____ Above _____ Below	_____ \$18,550 _____ \$31,400 _____ \$37,680
_____ 6 Person	Total Income is _____ Above _____ Below	_____ \$20,250 _____ \$33,700 _____ \$40,440
_____ 7 Person	Total Income is _____ Above _____ Below	_____ \$21,650 _____ \$36,050 _____ \$43,260
_____ 8 Person	Total Income is _____ Above _____ Below	_____ \$23,050 _____ \$38,350 _____ \$46,020

Please also check any box that describes your family (if applicable):

- | | |
|--|---|
| _____ Number of persons who are physically or mentally handicapped | _____ Alaskan Native |
| _____ African American | _____ Asian/Pacific Islands |
| _____ American Indian | _____ Female Head (Single Parent) Household |
| _____ Hispanic | |

“Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Codes.”

Signature

Date