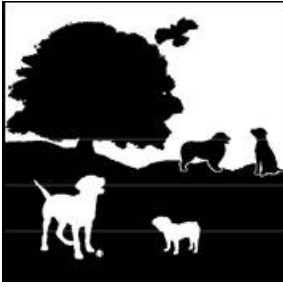


Dog Park For Chino Hills 501c(3)



Application for Pet Medical Financial Assistance

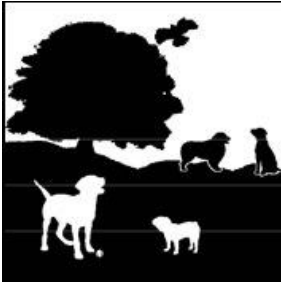
PET FINANCIAL ASSISTANCE

Dog Park For Chino Hills 501c(3) is dedicated to promoting animal advocacy and healthy pets in our community. We realize that payment of medical services for your family pet may be a financial hardship for you at times. Dog Park For Chino Hills, as a non-profit charity, offers Financial Assistance to aid those that may qualify to reduce or eliminate their cost of care obligation for their pet. Attached with this letter, you will find an application to enable an evaluation of your financial hardship. You must complete the application in order to be considered for the financial assistance program. If your financial situation meets the eligibility criteria set forth by Dog Park For Chino Hills Assistance Program, you may be eligible for some financial assistance. We will award help to those families most needy on a quarterly basis, as directed by our Executive board.

In order to process this application we require:

- The enclosed application completed in its entirety
 - You must sign and date the Financial Assistance Application. Members of the household who have sources of income must provide information, all must sign the application.
 - Copy of your most recent cancelled rent check, lease agreement or mortgage payment
 - Copy of the last two (2) pay stubs for any wage earned contributing to the household income
 - Copy bank statements (checking/savings)
 - Copy of your disability, social security payment statement, unemployment notice of eligible benefits and bank statement reflecting deposits
 - If you do not have a source of income or proof of income documents, please provide a letter explaining how you support yourself and your family.
 - Written, signed statement from a family member or friend who is proving your room and board and/or income.
 - Copy of your most recent 1040 tax return or W2, including all applicable schedules and attachments submitted to the Internal Revenue Service
- If your most recent 1040 tax return is not available, then we will need one of the following:
- Social Security Awards Letter
 - Proof of non-filing from the IRS (call 800-829-1040 to obtain a copy)

Dog Park For Chino Hills 501c(3)



Application for Pet Medical Financial Assistance

A signed letter explaining why you have not filed a federal tax return or have requested an extension for taxes. We realize that your income from previous tax records may not adequately reflect your current circumstances. If so, please attach a brief note that describes your current financial situation.

It is important that you complete and submit the completed Financial Assistance Application along with all the required documents to be considered. Please send your Financial Assistance Application to:

Fax: 909-597-0623

Email: dogparkch2@gmail.com

Mail: Dog Park for Chino Hills

Attn: Pet Medical Assistance

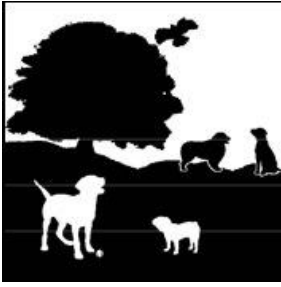
14780 Pipeline Ave Suite A, Chino Hills, CA 91709

Once we have reviewed your application, we will notify you of our decision in writing within 30 days of receipt. If you wish to discuss your request for assistance or have any questions, please contact us at 909-597-3111. Our business hours are Monday – Friday, 8:30 am to 4:30 pm.

Attach an additional page if you need more space to answer any questions

FINANCIAL ASSISTANCE APPLICATION Demographic Information	Name	Date of Birth	Spouse/Partner	Date of Birth
ADDRESS	City	State	Zip	
Time at Present Address ____ Rent ____ Own ____ Years ____ Months	County		Marital Status __ Married __ Single __ Divorced __ Widowed	
Cell Number	Work Number	Home Number	Spouse Cell Number	Spouse Work Number

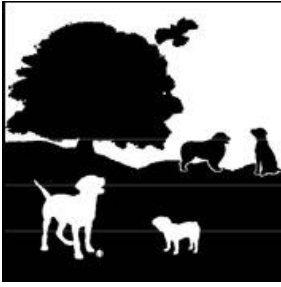
Dog Park For Chino Hills 501c(3)



Application for Pet Medical Financial Assistance

Please list ALL persons living in your household; including dependents (Attached an additional sheet if needed) Last Name First Name MI Date of Birth Relationship to Applicant			
1			
2			
3			
4			
Self		Spouse	
Social Security #		Social Security #	
Employed By		Employed By	
Business Address		Business Address	
Occupation		Occupation	
Length Employed:		Length Employed:	
__ Years __ Months __ Hours Worked Per Week		__ Years __ Months __ Hours Worked Per Week	
Income: Represents total cash receipts from all sources before taxes.			
Self Monthly Gross		Spouse Monthly Gross	
Gross Income		Gross Income	
Social Security /SSI/SSDI		Social Security /SSI/SSDI	
Public Assistance		Public Assistance	
Rental Property Income		Rental Property Income	
Retirement/Pension		Retirement/Pension	
Work Comp		Work Comp	
Unemployment		Unemployment	
Child Support		Child Support	
Other		Other	
TOTAL		TOTAL	
Combined Monthly Gross Income:			
Assets/Property	Checking	Cash On Hand	Retirement Plan

Dog Park For Chino Hills 501c(3)



Application for Pet Medical Financial Assistance

Savings			Trust Account			Home Equity		
Stock/Bonds			Credit Union			Other		
Monthly Expense	House Payment/Rent	Auto Insurance	Life Insurance	Health Insurance				
Property Tax	Phone/Cell Phone	Food		Water and Sewer				
Property Insurance	Vehicle Payment	Daycare Expense		Medical Expenses				
Gas	Vehicle Payment	Child Support Expense		Other/Specify:				
Electric	TOTAL							

REQUIRED DOCUMENTS: Proof of Income (any of the documents listed below)

(i.e. 2 Pay stubs for each wage earner, SS,SSI,SSDI, Public Assistance, Rental Income, Retirement, Pension, VA Benefits, Unemployment, Workers Comp, Child Support, Alimony or Other)

Copy of your most recent 1040 tax return, including all applicable schedules and attachments

Copy of two (2) bank statements (checking/savings) All pages.

Copy of your most recent cancelled rent check, lease agreement or mortgage payment

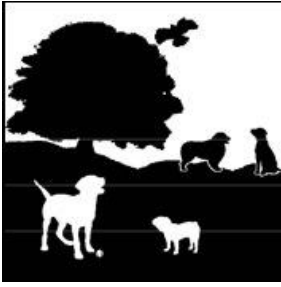
Written statement from a family member or friend who is proving your room and board and/or income.

ASSIGNMENT OF RIGHTS

By signing below, I declare under penalty of perjury that the information and statements contained in this Application for Financial Assistance and all the documentation which I submit are accurate true and correct. You are hereby authorized to check my credit history in order to evaluate this application for Financial Assistance consideration.

I understand that Dog Park for Chino Hills (DPCH) 501c(3) may make reasonable

Dog Park For Chino Hills 501c(3)



Application for Pet Medical Financial Assistance

requested for additional information and verification is necessary.			
I understand that the information and statements I have provided will be kept confidential by DPCH 501c(3).			
I understand that the completion of the application will allow DPCH 501c(3) to consider my circumstances.			
I understand DPCH 501c(3) makes no representation that financial assistance is guaranteed.			
I/We hereby certify the above information and voluntarily authorize you to obtain credit information relative to me/us.			
Signature	Date	Signature	Date
_____	_____/_____/____	_____	_____/_____/____