



# Pet Food Assistance Application

## Sam's Hope

901 A East Willow Grove Avenue  
Wyndmoor, PA 19038

[www.samshope.org](http://www.samshope.org) / [samshope.org@gmail.com](mailto:samshope.org@gmail.com)

You **MUST** be a resident of Bucks, Montgomery and Philadelphia Counties in Southeastern Pennsylvania, qualify as low-income (see chart below), and meet at least one of the following to qualify for pet food assistance.

- You are unemployed/underemployed
- You are receiving government assistance
- You are disabled and on a fixed income
- You are a senior citizen on a fixed income
- You are homeless

Applicant **MUST** provide:

- Proof of identification, (driver's license, or other photo identification with name and address)
- Recent proof of income for ALL ADULTS IN HOUSEHOLD, (check stub, tax return, W-2, 1099)
- Proof of qualifying benefits, (Medicaid, Unemployment, Food Stamps, SSI)
- Completed pet food assistance application

If we do not receive ALL required information, your application will not be considered.

Family Size	Yearly Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$19,420
6	\$33,740
7	\$38,060
8	\$42,380
Over 8, add per child	+\$4,160

If you meet the above eligibility requirements, please complete the following pet food assistance application.

### PLEASE NOTE:

- All pets must be spayed/neutered
- Assistance is limited to up to three pets per household
- You must be able to pick up pet food at our Warminster location, 18974, on the first Tuesday of the month at 10 AM.
- Distribution months are February, April, June, August, October and December

Sam's Hope is registered as a 501(c)(3) non-profit organization. Contributions to Sam's Hope are tax-deductible to the extent permitted by law. Sam's Hope Tax ID Number is 45-4442014.

**Applicant Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Photo ID Type & Number \_\_\_\_\_

**Pet Information**

How many cats do you own? \_\_\_\_\_ How many not spayed/neutered? \_\_\_\_\_

How many dogs do you own? \_\_\_\_\_ How many not spayed/neutered? \_\_\_\_\_

**Dog Information**

Dog Weight	Breed	Number of Dogs
Up to 10 lbs.		
10 – 25 lbs.		
25 – 50 lbs.		
50 – 75 lbs.		
Over 75 lbs.		

Your application is **NOT** complete until we receive evidence of financial hardship.

By signing this application, you attest that:

- All information provided is true, complete and correct.
- You have reviewed the eligibility requirements for pet food assistance and meet the qualifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date of Application \_\_\_\_\_ Reviewed by \_\_\_\_\_ Approved by \_\_\_\_\_

Notes \_\_\_\_\_

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