



# Pet Pantry Application

440-721-7531

petpantry@mbrohio.com, www.mbrohio.com

MBR Pet Pantry is meant to ease financial stress to prevent your pets from becoming homeless. Pet food and cat litter are intended to supplement your supply.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete the following for all people in the household (including you, your family and non-family members).

Examples of source include job, social security, unemployment, child support, alimony, welfare, and any other source.

Full name Over 18 Relationship Monthly Income Source (include all)

_____	<input type="radio"/> Y	<input type="radio"/> N	_____	\$ _____	_____
_____	<input type="radio"/> Y	<input type="radio"/> N	_____	\$ _____	_____
_____	<input type="radio"/> Y	<input type="radio"/> N	_____	\$ _____	_____
_____	<input type="radio"/> Y	<input type="radio"/> N	_____	\$ _____	_____

(Use the back of this application for more household members)

Do you Own/Rent: \_\_\_\_\_ If you Rent: Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Cat Dog Male Female

(Best guess on breed, weight and age) Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Date of Last Rabies Vaccine \_\_\_\_\_ Spayed or Neutered Y N License # \_\_\_\_\_

How long have you owned pet? \_\_\_\_\_ (Use back of application for additional pets)

Pet's Name \_\_\_\_\_ Cat Dog Male Female

(Best guess on breed, weight and age) Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Date of Last Rabies Vaccine \_\_\_\_\_ Spayed or Neutered Y N License # \_\_\_\_\_

How long have you owned pet? \_\_\_\_\_ (Use back of application for additional pets)

Vet Name & Phone number \_\_\_\_\_

Do you currently receive/have SNAP HEAP/PIPP Reduced/Free Lunch EBT TANF WIC

List any extenuating circumstances (Disabilities, Medical/health problems, catastrophic events, special circumstances, etc.): \_\_\_\_\_

I certify that:

1. To the best of my knowledge, the information above is true and accurate. I understand that all information provided is subject to verification.
2. I am at least 18 years of age and a resident of Lorain County.
3. I am the only household member requesting or receiving assistance.
4. I have owned the pet for at least 6 months.
5. My pet is spayed or neutered.
6. My pet is being provided with humane and usual care including, but not limited to, indoor accommodations, daily meals and access to clean water, routine veterinary care, and is not kept on a chain or tether.

7. **I have attached true and accurate proof of financial need**, including my most recent income tax return, most recent check stub, Medicaid card, Disability letter, notice from ODJFS, Social Security, or other government agency documentation.
8. I understand completion of an application does not automatically qualify me for assistance.
9. I understand that if I am approved for assistance, any falsification or attempt to defraud may result in immediate termination of any assistance, full repayment of assistance and possible prosecution under the law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_