

GPAC FINANCIAL ASSISTANCE APPLICATION FORM

STEP 1

FROM THE INDIVIDUAL(S) REQUESTING FINANCIAL ASSISTANCE

1. applicants will need to provide proof of income in the form of your most recent federal income tax return, form 1040, 1040EZ, etc AND a copy of your last 2 pay stubs, or other proof of total household income.
2. completed application below.

In order to receive funds from GPAC this application **must** be completed by the person(s) seeking funds. All applicants for GPAC funding must provide the following:

Full Legal Name _____

Address (Street, Apt.#, City, State, Zip) _____

Employer/ Occupation _____

Phone number (home & business) _____

Number of individuals in household _____

Total monthly household income ___ \$ _____

Description of Pet: Species, Breed, Name, Color, Age _____

Description of why funds are needed (continue on back of page, if necessary)

Description of financial hardship, if any (continue on back of page, if necessary)

Step 2- Waviers & Agreements

- I am the legal owner/care giver of the above described pet. I understand all the above information and attest the information I have provided is accurate and complete. I give my consent for the medical care of _____ .
- I understand that GPAC assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnosis or treatment.
- Funding assistance is limited. GPAC makes every effort to use our funds responsibly so we can help as many animals as possible. There may be instances where you qualify for help but due to a lack of donations GPAC may not have the funds available to provide assistance. If your request is denied due to the lack of donations, you may apply again within the same calendar year.

Pet picture waiver -

- I consent _____ (do not consent _____) to GivePetsAChance (GPAC) permission to use pictures of my pet as well as a description of the medical care for the purposes of promotion and fund raising.
- In order to receive funds from GPAC, this agreement and wavier must be signed by the person seeking funds. All recipients of GPAC funding and all applicants of GPAC funding agree that GPAC is in no way responsible for the outcome of any medical procedure funded in whole or in part by GPAC, nor is GPAC responsible for any medical outcome when funding is denied in whole or in part to the applicant(s). Applicants for GPAC funding agree that GPAC will not be liable for any damages or losses as a result of either being denied funding or because of the outcome of any medical diagnosis or medical treatment funded in whole or in part by GPAC. GPAC and it's volunteers do not make any representations or warranties, expressed or implied, regarding applications for funding, and we are released and not liable for any costs, damages, and expenses, including attorney fees arising from any claims, damages, or liabilities asserted by third parties arising from application for, or receipt of funds from GPAC.
- This is the entire contract, and no applicant for funding can modify it. This contract is not assignable. Applicants for GPAC funding to GPAC waive all laws in conflict with the above agreement.
- I understand the information above and I agree to this contract and wavier.

Step 3 - Signatures

Printed Signature: _____

Signed Signature: _____

Witness: _____

Date: _____

Please mail application to:

GivePetsAChance, Inc.
P.O. Box 732
Wooster, OH. 44691