



ONE-TIME COVID-19 APPLICATION

Benefits are available to residents of Burlington, Camden and Gloucester counties in New Jersey ONLY.

DATE: _____ COUNTY: _____ DATE OF BIRTH: _____

NAME (LAST, FIRST, MI): _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PET INFORMATION

HOW MANY PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD? _____

SPECIES	BREED	NAME	AGE	SPAY/NEUTER	HOW LONG HAVE YOU HAD YOUR PET

ARE YOU EMPLOYED? YES / NO IF YES, PROVIDE EMPLOYER INFO:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WERE YOU LAID OFF/FURLOUGHED/ECONOMICALLY IMPACTED BY THE CORONAVIRUS/COVID-19 OUTBREAK? YES / NO

IF YES, PLEASE DESCRIBE HOW YOUR CHANGED CIRCUMSTANCES EFFECT CARING FOR YOUR PET(S):



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MONTHLY INCOME:

I CURRENTLY RECEIVE A SALARY/COMPENSATION FROM MY EMPLOYER: YES / NO

I CURRENTLY RECEIVE UNEMPLOYMENT: YES / NO

I CURRENTLY RECEIVE SSI/SSD BENEFITS: YES / NO

I DO NOT CURRENTLY HAVE AN INCOME: YES / NO

PLEASE DESCRIBE YOUR MONTHLY EXPENSES (RENT/MORTGAGE, CAR PAYMENTS, UTILITIES, ETC.):

OTHERS IN YOUR HOUSEHOLD:

NAME _____ RELATION _____

NAME _____ RELATION _____

NAME _____ RELATION _____

HOW DID YOU LEARN OF PETPALS OF SOUTHERN NEW JERSEY?



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CERTIFICATION

I acknowledge that the evaluation of any income and expenses may determine my eligibility to become a one-time client of PetPALS of Southern NJ. That if I am granted the privilege of becoming a client, I will immediately report any changes regarding my pets to PetPALS of Southern NJ at 856-939-6900. I represent that this one-time assistance from PetPALS will enable me to keep my pet(s) and I promise to use the assistance for the benefit of my pet (s).

I fully understand that any willful misrepresentation of any financial information may result in a complete suspension of any and all assistance from PetPALS.

I understand that this application is for limited assistance from PetPALS, and that I will not be an ongoing client of PetPALS unless and until I apply to become and am found eligible to be an ongoing client. That application is more detailed with additional requirements.

SIGNATURE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

Please complete and return the form to PetPALS of Southern NJ at info@petpalssj.com or mail to PO Box 228, Grenloch, NJ 08032-0228.