

SVAPL Subsidized Spay & Neuter Program Application Form

Applicant Information:

First Name: _____ Last Name: _____

Mailing Address: _____

Street Address: _____

Email Address: _____

Phone Number: _____ Cell Number: _____

Pet Information:

1. Pet Name:	___ Cat ___ Dog	___ Male ___ Female	Age:
2. Pet Name:	___ Cat ___ Dog	___ Male ___ Female	Age

Note: Any person who is a resident of the Swan River Valley (including RM Mountain, RM Minitonas-Bowsman, Swan Valley West, and outlying communities within 100 km radius) **and** whose total household income fall under Statistic Canada's Low Income Cut Offs (LICO) may apply to the Subsidized Spay Neuter Program. Below is a chart that outlines LICO's maximum acceptable income levels per household based on the number of people in the immediate family. Please refer to this chart to see if your household qualifies.

Size of Family Unit	1	2	3	4	5	6	7
Total Household Income	\$20,893	\$26,009	\$31,975	\$38,823	\$44,032	\$49,661	\$55,289

Each income earner on the application must provide a copy of their most recent Notice of Assessment from Canada Revenue Agency. Before Tax, Line 150 from each form will be added together to determine the total household income.

In the table on page 2, list the people in your immediate family (parents/guardians and their children who are under 19 years of age) that are currently living in your household along with their income (if applicable) from line 150 on the most recent Notice of Assessment from Canada Revenue Agency. This includes a maximum of two adults.

Adult children 19 years of age and over, roommates, or other non-immediate family members, such as grandparents, are not to be included within your household numbers for the purposes of this application. They may submit an application of their own, which will be dealt with as an entirely separate application.

(Add extra sheet of paper if additional dependents)	Last Name	First Name	Date of Birth (MO/DA/YR)	Income Level (As shown on Line 150 of most recent Notice of Assessment from CRA)
1. Applicant				
2. Spouse/Partner				
3. First Dependent				
4. Second Dependent				
5. Third Dependent				
6. Fourth Dependent				
7. Fifth Dependent				

If you have questions or concerns regarding the Subsidized Spay & Neuter Program, please call 1-888-212-6385 or email svapl2010@hotmail.com

I, _____ certify that all the information provided is correct.

Signature of Applicant.

Date

SVAPL Spay-Neuter Program reserves the right to verify information provided on this application form. If submitting online please upload all required documents with submission. If you are mailing the application, please send to:
SVAPL Box 2735 Swan River MB R0L 1Z0

Required Documents:

1. **Subsidized Spay Neuter Program Application Form**
2. **Income Verification: copy of most recent Notice of Assessment from CRA**
3. **Proof of Residence: this can be a utility bill from the last month or a land tax bill**