Sonoma County Animal Services
Fee Reduction/Love Me, Fix Me Application

How to Qualify for a Reduced Fee
Some fees charged by Sonoma County Animal Services are eligible for a reduction due to financial hardship. To qualify, you must be a resident of Sonoma County and meet one of the requirements below.

Method 1
You or another person in your household is currently participating in one of the qualified assistance programs:
- CalFresh/Food Stamps
- SonomaWorks/CalWorks/TANF
- WIC
- Free or Reduced Lunch
- Medi-Cal
- AT&T Lifeline

Please attach a copy of supporting documentation of the household member who participates in the qualifying program.

Method 2*
The combined income of all household members does not exceed the “very low income” limitations according to household size as established by the California Department of Housing and Community Development for Sonoma County.

State Income Limits for 2019*

<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 Persons</th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
<th>8 Persons</th>
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<tbody>
<tr>
<td></td>
<td>$37,800</td>
<td>$43,200</td>
<td>$48,600</td>
<td>$54,000</td>
<td>$58,350</td>
<td>$62,650</td>
<td>$67,000</td>
<td>$71,000</td>
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Please attach a copy of any of the following documentation for household members to show your total annual household income:
- Prior year’s state, federal or tribal tax return (such as, California Resident Income Tax Return Form 540 or W-2 Income Form).
- Income statements or paycheck stubs for three consecutive months.
- Statement of Benefits from Social Security, Veterans Administration, retirement/pension, unemployment, worker’s compensation, or other official documentation.

Submit only photocopies of qualifying documentation. Original documents will not be returned. If submitting any form(s) containing Social Security Number(s), please block out the number(s) so they are not legible..
Applying for (check all that apply): □ Fee Reduction   □ Love Me Fix Me Voucher

Owner Information

Name __________________________________________ Phone# ________________________________

Address _______________________________________________________________________________

City, State, Zip _________________________________________________________________________

Email_________________________________________________________________________________

How would you like to receive your voucher? □ Email or □ Mail

P# ________________________________

Animal 1

□ Dog or □ Cat  Name __________________________________________ Age: Years ______ Months ______

Gender _______ Breed(s) __________________________________________ Color(s) _______________________

A#: ___________ License # ___________ Voucher Amount: $______________

Animal 2

□ Dog or □ Cat  Name __________________________________________ Age: Years ______ Months ______

Gender _______ Breed(s) __________________________________________ Color(s) _______________________

A#: ___________ License # ___________ Voucher Amount: $______________

Attestation of Household Income and Financial Hardship

Method 1 (proof required)  (verification/staff initials: ________________)

_____ I, or someone in my household, is currently enrolled in the following qualified assistance program(s):

□ CalFresh/Food Stamps    □ SonomaWorks/CalWorks/TANF   □ WIC   □ Free or Reduced Lunch

□ Medi-Cal    □ AT&T Lifeline

Method 2* (proof required)  (verification/staff initials: ________________)

_____ My household’s annual income does not exceed “very low income” (criteria** on other side)

Number of household members: _____   Annual combined income of all household Members: _____________

I declare under penalty of perjury under the laws of the State of California, that the above information is true and correct. I understand that this information is kept confidential. I also declare that I have not been convicted within the last five (5) years by any court of law for any violation of this chapter or any other law relating to animals, public nuisance caused by animals, or cruelty to animals in this or any other state.

Applicant Signature ____________________________ Date ________________

Turn Over