



*Our Alter an Alley Cat Spay/Neuter Assistance Program is limited to those individuals with a true financial need for spay/neuter assistance. Please submit the online application below and a volunteer will contact you. If you have any questions, please email us at [info@alleycatsandangels.org](mailto:info@alleycatsandangels.org) (preferred) or call us at 919-303-3500.*

1. Date: \_\_\_\_\_
2. Name (First and Last): \_\_\_\_\_
3. Street Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_
4. Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Please select the following assistance you receive by checking the boxes next to each form of assistance received.
 

<input type="checkbox"/> SSI	<input type="checkbox"/> Social Security
<input type="checkbox"/> Aid to Families with Dependent Children	<input type="checkbox"/> Women, Infant, Children (WIC)
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Other Programs (explain): _____	
7. **Please enter your current total household income:**  
Per Week: \$ \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_
8. Total number of people in household, including yourself: \_\_\_\_\_
9. Total number of cats needing to be spayed/neutered (*provide details in the following table*): \_\_\_\_\_

Information on each cat needing spay/neuter					
Name of Cat (If applicable)	Description	Gender (Male, Female, Unknown)	Age	Feral or Friendly	In-Heat or Pregnant (Yes or No)

9. Alley Cats and Angels' average cost per cat is \$60.00. How much can you afford to pay per cat? \$ \_\_\_\_\_
10. Have you contacted any other organizations for assistance?  Yes  No  
If so, please provide details: \_\_\_\_\_
11. Please provide information regarding your current circumstances and reason for needing assistance that will help us evaluate your application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand these services are for those who are financially limited. I certify the information on this application is true. Proof of public assistance may be required. My signature certifies that the above information is true and complete.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_