



Municipality of South Huron

FOR OFFICE USE ONLY	
Spay or Neuter Voucher for Low Income Families	#
Spay or Neuter Voucher for Feral Cats	#

Application for Spay or Neuter Voucher

Please print clearly or complete electronically. You must **complete all questions** on this form.

Qualifying applicants are allowed a maximum of 3 Spay or Neuter Vouchers for Low Income Families and a maximum of 3 Spay or Neuter Vouchers for Feral Cats (a total of 6 vouchers) per family per year.

Applicant Information

Name	
Address (including Postal Code)	
Telephone Number	
How many years have you lived at this address?	

Program

Type of Voucher requested (check all that apply)	<input type="checkbox"/> Spay or Neuter Voucher(s) for Low Income Families (each in the amount of \$75.00) <input type="checkbox"/> Spay or Neuter Voucher(s) for Feral Cats (each in the amount of \$75.00)
If you are only applying for the Spay or Neuter Voucher(s) for Feral Cats, you do not need to fill out the Proof of Income section of this application.	

Proof of Residency

Proof of residency in the Municipality of South Huron. (check the box describing the document you are providing)	<input type="checkbox"/> An Ontario Driver's Licence <input type="checkbox"/> An Ontario Photo Card <input type="checkbox"/> A document showing residence at a long-term care home <input type="checkbox"/> A utility bill or tax bill <input type="checkbox"/> Any document from a Band Council in Ontario established under the Indian Act (Canada) <input type="checkbox"/> Other (Details) _____
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Proof of Income

To be eligible for a South Huron Spay or Neuter Voucher for Low Income Families, the annual before-tax income of your family must be no greater than the Low income Cut-Offs Before Tax (See Appendix 1).

I declare that I am eligible for a South Huron Spay or neuter Voucher for Low Income Families as the annual before-tax income of my family is no greater than the Low income Cut-Offs Before Tax in Appendix 1 of this Application.

Signature of Applicant _____

Date _____ Telephone _____

If the applicant is unable to sign/complete this form, the applicant's representative must complete the following section:

Signature of Applicant's Representative _____

Date _____ Telephone _____

Number of Vouchers Requested

How many of each type of voucher are you requesting?

Number of Spay or Neuter Vouchers for Low Income Families (Maximum 3)

Number of Spay or Neuter Vouchers for Feral Cats (Maximum 3)

Total number of vouchers requested (Maximum 6):

Receiving and Using Vouchers

How would you like to receive your voucher(s) if your application is approved?

_____ Mail voucher to my address

_____ Call me and I will pick up the voucher(s) at the Municipal Office

Phone # _____ - _____

Declaration

The information I have provided is complete and true. I am at least 18 years of age, a resident of the Municipality of South Huron for at least one year and my residence in the Municipality of South Huron is my primary residence. I understand that if I do not sign this application, the application will not be processed.

I understand that vouchers are issued on a first come, first served basis and that they will expire within 90 days from the date of issue by the Municipality of South Huron. If I am unable to use the voucher(s) issued to me by the Municipality within 90 days of the issue date, I agree to return the voucher to the Municipality.

X _____

Signature of Applicant

Date of Signature

Personal information on this form is collected under the authority of the Municipal Act 2001 P.S.O. c45. The information will be used for the purpose of processing applications for Spay or Neuter Vouchers for Low Income Families and Spay or Neuter Vouchers for Feral Cats. Questions about the collection of this information can be directed to the Corporate Services Manager/Clerk, Municipality of South Huron, 322 Main Street South, Exeter, Ontario, N0M 1S6, Telephone: 519-235-0310.

APPROVAL

X _____

Authorized By:

Date of Signature

Appendix I

Low Income Cut-Offs Before Tax (2017)

1 person	\$24,600
2 persons	\$30,625
3 persons	\$37,650
4 persons	\$45,712
5 persons	\$51,846
6 persons	\$58,473
7 or more persons	\$65,101
More than 7 persons	For each additional person, add \$6,628

Source: Statistics Canada: Low Income Cut-Offs (1992 base) before tax (2017).