

# SAIN Animal Assistance Program Application



Please use this application to send via email to SAIN at:  
[sain.aapkb@gmail.com](mailto:sain.aapkb@gmail.com)

## Requirements for eligibility:

- 1) Private animal ownership (not a rescue, organization etc)
- 2) A safe home or facility exists to maintain the animals (site visit may be required)
- 3) Documented financial need due to unemployment or financial hardship
- 4) Recognition that by submitting this application you understand and authorize the verification of any information you have provided
- 5) All information in this application must be filled out and a valid phone number must be provided

## Applicant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Current or Former Employer: \_\_\_\_\_

## Financial Reason for Applying for SAIN Animal Assistance Program:

Disability       Low Income       Loss of Job       Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly income for your household: \_\_\_\_\_

Number of family members in your household: \_\_\_\_\_

Number of pets in your household: \_\_\_\_\_

## Personal reference:

Name: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**What animals are you applying for (horses, livestock, small pets) and what care do you need? This program prioritizes hay, feed and/or vet care that alleviates suffering.**

Animal type / Name	Age	Sex	How long owned	Type of Assistance Needed (feed / care )

Any additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement**

I understand that I may not sell, give away, or transfer any hay or feed received from SAIN. If I have anything SAIN has provided leftover that I do not intend to use, I will notify the SAIN representative, and I will return anything unused in good condition as soon as possible.

If approved I agree to not add any other animals to the household while receiving feed and/or care from this SAIN program.

I understand that the AAP and AARF programs are a one-time grant due to a temporary hardship, and not intended for routine care and maintenance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_