

ANIMAL SERVICES
SUBSIDIZED SPAY NEUTER PROGRAM (SSNP)
 Application Form

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Mailing Address (# and Street): _____

Postal Code: _____ Email: _____

Phone: Home Cell (if applicable) Work

If you (on behalf of your household) have been approved under the City of Saskatoon's Low Income Leisure Access Program within the last 6 months, the income and residency verification documentation will not be required. Simply put an "X" in the box to the left to show that you (on behalf of your household) are an approved participant in the City of Saskatoon's Leisure Access Program.

Any person who has been a permanent resident of Saskatoon for at least one year **and** whose total household income falls under Statistics Canada's Low Income Cut Offs (LICO) may apply for SSNP. Below is a chart that outlines LICO's maximum acceptable income levels per household based on the number of people in the immediate family.

Size of Family Unit	1	2	3	4	5	6	7 or more
Total Household Income	\$22,926	\$28,540	\$35,087	\$42,600	\$48,315	\$54,493	\$60,670

In the table below, list the people in your immediate family (please list parents/guardians and their children who are under 19 years of age) that are currently living in your household along with their income from **line 150** from the previous year's Notice of Assessment from Revenue Canada. This includes a maximum of two adults. ***Please Print Clearly***

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.

LAST NAME (Add extra sheet of paper if additional dependents)	FIRST NAME	Gender (Check one)	DATE OF BIRTH MM/DD/YYYY	INCOME LEVEL (As shown on line 150 of most recent Notice of Assessment from Revenue Canada)
1. Applicant		M F	/ /	
2. Spouse/Partner		M F	/ /	
3. First Dependant		M F	/ /	
4. Second Dependant		M F	/ /	
5. Third Dependant		M F	/ /	
6. Fourth Dependant		M F	/ /	
7. Fifth Dependant		M F	/ /	

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DOCUMENTATION REQUIREMENTS

Income Verifying Requirement:

You must submit a COPY of your **2020** or **2021** Notice of Assessment from Canada Revenue Agency for yourself and your spouse/partner. If you do not have a copy of your Notice of Assessment, it can be obtained by calling 1-800-959-8281 and it will be mailed to you, or visit <https://www.canada.ca/en/revenue-agency.html>. Request the Option C Form or a Verified Copy of your most recent Income Tax Return. **We do not accept any other document as proof of income.** Additional information may be requested to complete the review of your application.

Residency Requirement:

Subsidized Spay and Neuter Program (SSNP) is for permanent residents of Saskatoon ONLY. The applicant must have been a resident of Saskatoon for one full year prior to the date of application. To verify, we require a copy of **ONE** of the bills listed below that has been issued within the last month and shows the applicant's name and current address:

- Telephone
- Cable
- SaskPower
- SaskEnergy
- City of Saskatoon Utility

PET INFORMATION

1. Pet Name	Cat Dog	Male Female	If licensed, tag number:
2. Pet Name	Cat Dog	Male Female	If licensed, tag number:

Is the Animal under 6 months of age? YES NO

When did you last complete de-worming for your pet: _____

If you have questions or concerns relating to SSNP, please visit Saskatoon.ca/animalservices or call 306-975-2400.

I certify that all the information provided is correct.

Signature of Applicant: _____

The City of Saskatoon reserves the right to verify information provided on and with this application form.

Mail application to or drop off at: City Hall, 222 3rd Avenue North, Saskatoon, SK S7K 0J 5

OFFICE USE ONLY (APPLICANTS, PLEASE DO NOT WRITE IN THE SHADED AREA)	
Received By: _____	Date: _____ Time: _____
Documentation Provided: _____ Notice of Assessment (Revenue Canada)	_____ Proof of Residency
Application Status: Approved _____ Denied _____	Cost Approved: Cat (\$25) _____ Dog (\$40) _____
If denied, reason:	
Authorization Signature: _____	Date: _____
Voucher Number: _____	