



FLORIDA KEYS SPCA

5711 College Road, Key West, FL 33040

305-294-4857

facebook.com/fkspca

info@fkspca.org

fkspca.org

FKSPCA Pet Safety Net Program Application

Name: _____ Date of Birth: _____

New Address (for which the Pet Deposit/Fee is to be paid):

Phone (Cell): _____ (Home): _____ (Work): _____

Race/Ethnicity (optional):

_____ Native American/Indigenous _____ Asian _____ Black/African American

_____ Multi-racial _____ Native Hawaiian/Pacific Islander _____ White _____ Latinx/Hispanic

Income Information:

Place of Employment: _____

Monthly Gross Pay: \$ _____

Additional Income (monthly):

Worker's Comp.: \$ _____ Unemployment: \$ _____ Self-Employment: \$ _____

Social Security: \$ _____ Other: \$ _____

Household Family Members (persons living with you who are related by blood, marriage, or law):

Name	Relationship	Place of Employment	Monthly Income

Amount Requested (Pet Deposit & Pet Fees required for move in): \$ _____



Protecting Pets in Paradise



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Property Management/Landlord Information:

Name: _____ Phone: _____

Mailing Address: _____

Acceptable forms of Income Verification to provide with this application include:

Pay stubs (2 most recent) Tax return (most recent year) W-2 Employer Letter

The information I have given on this form is true to the best of my knowledge. It is also understood that the information on this form may be verified by the Florida Keys SPCA.

Applicant's Signature

Date

If your application is approved, you will be provided with a letter of approval and a payment remittance form to provide to the property manager/landlord to whom the pet deposit/fees are owed. Payment of pet deposits/fees will be made by the FKSPCA to the landlord/property management company via the payment method of their choice as specified on the payment remittance form, either through check or EFT.

In order to ensure the sustainability of the Pet Safety Net Program and maintain available funds for future applicants, the FKSPCA requests that applicants who receive pet deposit/fee assistance agree to repay the amount provided to them by the FKSPCA within 6 months of the date that they receive assistance.

Please choose your repayment timeframe and amounts. If custom, please explain repayment plan below:

_____ Repayment will be \$50 monthly payments.

_____ Repayment will be: _____

Repayments can be made online, on the phone, or in-person via credit card, check, money order, or cash.

By signing below, I agree that I have read and understand the information above as regards the payment process and repayment agreement.

Applicant's Signature

Date



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