



**CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
VERY LOW INCOME BENEFIT APPLICATION
FISCAL YEAR 2011-12**



Benefits are available only to qualified City of Los Angeles Residents.

Please submit a completed application and indicate by check mark on this page, the documents you are submitting as proof of eligibility. An incomplete application and/or lack of proper eligibility documentation will cause a delay in processing your application.

*****Proof of income is required for applicant and each adult household member and the combined income of all household members must meet the HUD "very low income" limitation as established for the City of Los Angeles for Fiscal Year 2011-12.***

If you are a City of Los Angeles Senior Resident, please submit one item from each of the following:

1. Proof of Age (select one):
California State Driver's License;
California State Identification Card; or
Other acceptable proof of age.
2. Proof of Income for applicant and each household member for the previous calendar year (select one):
California Resident Income Tax Return Form 540 – **W-2 Forms alone are not acceptable**;
Social Security Benefits Statement; or
Award letter of the amount of SSI benefits, General Relief, or Cal Works/AFDC.
3. Proof of Residency (select one):
Rental Lease or Contract; or
Local/Long Distance Telephone Company Bill, DWP, or Southern California Gas Bill.

If you are a City of Los Angeles Disabled Resident, please submit one item from each of the following:

1. Proof of Disability (select one):
A recent certification signed by a licensed physician attesting that you are physically and/or mentally disabled which is expected to result in long-continued and indefinite duration, hence, unable to engage in substantial gainful employment.
2. Proof of Income for applicant and each adult household member for the previous calendar year (select one):
California Resident Income Tax Return Form 540 – **W-2 Forms alone are not acceptable**;
Social Security Benefits Statement; or
Award letter of the amount of SSI benefits, General Relief, or Cal Works/AFDC.
3. Proof of Residency (select one):
Rental Lease or Contract; or
Local/Long Distance Telephone Company Bill, DWP, or Southern California Gas Bill.

If you are a City of Los Angeles Low-Income Resident, please submit one item from each of the following:

1. Proof of Income for applicant and each adult household member for the previous calendar year (select one):
California Resident Income Tax Return Form 540 – **W-2 Forms alone are not acceptable**;
Social Security Benefits Statement; or
Award letter of the amount of SSI benefits, General Relief, or Cal Works/AFDC.
2. Proof of Residency (select one):
Rental Lease or Contract; or
Local/Long Distance Telephone Company Bill, DWP, or Southern California Gas Bill.



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I certify under penalty of perjury under the laws of the State of California that the following are true and correct.

I am a City of Los Angeles Resident and qualify for this program as either a:

- a. Senior Resident 62 years of age or older;
- b. Disabled Resident (an individual shall be considered to be disabled if he/she is unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to result in death or to be of a long-continued and indefinite duration); or
- c. Low-income Resident.

I understand that failure to submit a completed application and all required documentation will delay the processing of my application.

The combined adjusted gross income (as used for purposes of the California Personal Income Tax Law) of all members of the household in which I reside is **less than the established "very low income" for the prior calendar year and all household members residing at my residence are listed on this application.**

Signature

Date

****SECURITY ALERT****

If submitting any form(s) containing Social Security Number(s), please ensure that the number(s) is blocked out completely, as this information is not required to process your application.

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Additional Household Members:	Proof of income submitted?	If not, please explain who provides support.
_____ First, Middle Initial, and Last Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ First, Middle Initial, and Last Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ First, Middle Initial, and Last Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ First, Middle Initial, and Last Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

FOR USE BY DEPARTMENT FIELD STAFF ONLY

If you are in the field and are unable to retain the applicant's DWP billing statement, collect the completed application, verify their Lifeline or Low-Income DWP status and provide the following information:

Billing Name: _____ DWP Account # _____

Employee Name: _____ Date: _____