



EASTERN AREA  
AGENCY ON AGING

Eastern Area Agency on Aging

Furry Friends Food Bank Application

Must be 60 years of age or older

*Please note: There is a \$1 co-pay on all Furry Friends pick-ups.*

Pet Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is Your Pet a: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Has your pet been spayed or neutered: \_\_\_\_\_ Name of pet: \_\_\_\_\_

Does your pet go to the vet? \_\_\_ Yes \_\_\_ No

How many persons live at your address and make up your family unit? \_\_\_\_\_

***Gross Income for all Members of the Family Unit***

What is your Combined Monthly Income?	Circle Family Unit Size	Weekly	Bi-Weekly	Monthly	Annual
\$	1	\$340	\$680	<b>\$1,473</b>	\$16,744
\$	2	\$458	\$916	<b>\$1,984</b>	\$23,803
\$	3	\$576	\$1,152	<b>\$2,495</b>	\$29,939
\$	4	\$694	\$1,388	<b>\$3,007</b>	\$36,075
\$	5	\$812	\$1,624	<b>\$3,518</b>	\$42,211
\$	6	\$930	\$1,860	<b>\$4,029</b>	\$48,347

I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. By reading, signing and dating this form, I acknowledge that I have received my rights and responsibilities, and that I agree to pay the \$1 co-pay. I attest that the information provided is accurate and complete. I understand that FFFB will provide supplemental food for **only one pet**. I understand that I have the right to appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program. I understand that if I do not pick up my pet food for 2 months in a row without telling staff I may be removed from the program.

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

**Please return this form with proof of income to:**

Eastern Area Agency on Aging -- 240 State St. Brewer, ME 04412