



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? \_\_\_\_\_

<b>Gross Income for all Members of the Family Unit</b>					
<b>What is your Combined Monthly Income?</b>	<b>Circle Family Unit Size</b>	<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Monthly</b>	<b>Annual</b>
\$	1	\$451.44	\$902	<b>\$1,956.25</b>	\$23,475
\$	2	\$610.10	\$1,220	<b>\$2,643.75</b>	\$31,725
\$	3	768.75	\$1,536	<b>\$3,331.25</b>	\$39,975
\$	4	\$927.40	\$1,854	<b>4,018</b>	\$48,225
\$	5	\$1,086.05	\$2,172.10	<b>\$4,705.50</b>	\$56,475
\$	6	1,244.70	\$2,489.40	<b>\$5,393</b>	\$64,725

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