

## LAPS Major's Legacy Fund Grant Application for Financial Assistance

<b>Please submit this completed application to: <a href="mailto:info@lapsbc.ca">info@lapsbc.ca</a> or fax to 604-857-5057</b>					
<b>Applicant Information</b>					
Name:			Phone:		
Current address:					
City:		Postal Code:		Email:	
<b>Income Information</b>					
Total Monthly Household Income (after tax):				Number of Dependents:	
<b>Check list for documents to be attached</b>					
<ul style="list-style-type: none"> <li>Your most recent CRA Tax Assessment (Must meet the BC Low Income Cut-off)</li> <li>Confirmation of Dependents (Universal Child Benefits Statement)</li> </ul>					
<b>Pet Information</b>					
Name	Species	Breed & Colour	Age	Sex	Spayed/Neutered
<b>Veterinary Care Request</b>					
<p><b>This funding is meant for veterinary care needs for companion dogs and cats for residents of the Township and City of Langley. Approved funding requests will refer the pet to a LAPS Veterinary partner whenever possible.</b></p>					
Description of concern or type of care required:					
Is your pet currently receiving care for this issue? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
<b>If yes, please provide the following information</b>					
Name of Attending Veterinarian:		Name of Veterinary Clinic:		Phone Number:	
Amount requested?:			Portion you are able to contribute?:		
Is there anything else you would like to include in the application about your situation?:					
<p><small>YOUR PRIVACY IS IMPORTANT TO US. THE PERSONAL INFORMATION COLLECTED IS USED STRICTLY TO PROCESS APPLICATIONS FOR FINANCIAL ASSISTANCE, IT IS NOT USED FOR ANY OTHER PURPOSE AND IS NOT SHARED. PERSONAL INFORMATION IS SAFEGUARDED AND ACCESS IS ONLY GIVEN TO AUTHORIZED REPRESENTATIVES OF THE LANGLEY ANIMAL PROTECTION SOCIETY (LAPS). THE UNDERSIGNED CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED IN THIS APPLICATION FOR FINANCIAL ASSISTANCE AND IN THE ACCOMPANYING STATEMENTS AND DOCUMENTS IS TRUE, COMPLETE, AND CORRECT. THE UNDERSIGNED AUTHORIZES INFORMATION TO BE RELEASED, EITHER VERBALLY OR WRITTEN TO LAPS REPRESENTATIVES CONCERNING THIS APPLICATION FOR FINANCIAL ASSISTANCE. THE UNDERSIGNED UNDERSTANDS THAT FURTHER INFORMATION AND/OR DOCUMENTS MAY BE REQUESTED. THE UNDERSIGNED UNDERSTANDS THAT SHOULD IT BE DEEMED THAT FUNDS WERE RELEASED BASED ON FRAUDULENT INFORMATION, ALL MONIES MUST BE REPAID IMMEDIATELY BY THE APPLICANT TO LAPS.</small></p> <p><small>I WILL PROVIDE UPDATES AND GIVE PERMISSION FOR IT AND/OR MY PICTURE AND/OR MY PET'S PICTURE AND NAME, TO BE USED BY LAPS. IT MAY BE USED IN OUR WEBSITE, FACEBOOK, AND/OR BROCHURES, OR ANY TYPE OF DISPLAY.</small></p>					
Signature of applicant:				Date:	