

**CITY OF BELL GARDENS  
Cat spay and neuter PROGRAM**

**GUIDELINES & APPLICATION**

This program provides financial assistance to income-eligible residents in the City of Bell Gardens for the spay or neuter procedure of their cat.

The Cat Spay and Neuter Program offers up to $150 to go towards the spay or neuter of a cat with a limit of two cats per eligible household. Interested residents must first complete an application to determine eligibility. Once approved, the resident will receive a letter from the City of Bell Gardens to take to the AM/PM Ideal Pet Care Clinic located at 13220 San Antonio Dr., Norwalk, CA 90650. *The Resident MUST present the hospital with the letter of approval in order to receive a credit of up to $150 for the spay or neuter of their cat.*

**PROGRAM GUIDELINES**

1. All submitted applications are subject to review and payment assistance is contingent upon approval.
2. Each approved applicant is eligible to receive up to $150 to assist with spay or neuter procedure costs. No additional costs will be covered by this program.
3. Each applicant will receive a denial or approval letter.
4. Each application is only valid for one cat spay or neuter procedure and will not cover optional costs or deposits.
5. The approved resident is responsible for scheduling the spay or neuter procedure appointment with the AM/PM Ideal Pet Care Clinic. The appointments must be made online at <https://www.ampmsnc.com/services/spay-neuter-near-me>.
6. *There is a $25 non-refundable deposit required to secure the appointment.* The resident is responsible for paying the deposit at the time they make their appointment.
   1. City staff are available to assist with scheduling the appointments.
7. There is a limit of two (2) cats per eligible household.

# ELIGIBILITY

Eligible households must meet the following criteria:

1. Applicant must be a Bell Gardens Resident and provide proof of residency,
2. Applicant must be at least 18 years old, and
3. In order to qualify for the program, your household must meet the following criteria:

COMBINED GROSS INCOME: Applicant must show proof that combined annual household income does not exceed the U.S. Department of Housing and Urban Development (HUD) established "Low Income" limits.

Proof of income for each adult in the household will be required. The following is a list of the types of household income most encountered, as well as the kinds of documentation required for verification. This is not intended to provide an exhaustive list of possible income sources, but only those sources most encountered. However, all applicant income sources must be clearly identified and documented. If it is not possible for the household to provide this information, the Cat Spay and Neuter Program Application and Individual Annual Income Self-Certification forms may be used to document annual income.

1. Salary Income
2. Self-Employment
3. Social Security/Supplementary Security Income/Social Security Disability
4. Welfare/General Relief
5. Pension Income
6. Personal Interest
7. Alimony/Child Support
8. In-Home Supportive Services
9. Rental Income
10. No Income

**Please do not provide original documents that need to be returned. Please ensure that the photocopies are legible.**

**Cat Spay and Neuter 2024 Household Income Limits can be found at:**

<https://www.huduser.gov/portal/datasets/il.html>

A group of colorful houses

Description automatically generatedA blue and yellow logo

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**CITY OF BELL GARDENS**

**CAT SPAY AND NEUTER PROGRAM APPLICATION**

**INSTRUCTIONS:** To complete this statement, fill in the blank fields below. Information is kept confidential and used only to establish eligibility for this program.

**APPLICANT INFORMATION:**

|  |  |
| --- | --- |
| Name: | Phone Number(s): |
| Residential Address: | Mailing Address: (same as residence **□**) |

**HOUSEHOLD INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **Total Annual Income:** | **HH** | **CH** | **DIS** | **S≥18** | **<18** | **<15** |
|  |  |  |  |  |  |  |  |
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**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

|  |  |
| --- | --- |
| **Annual gross income** (total of all members) | $ |

**PET INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pet Name |  | Age |  |
| Breed |  | Color |  |
| Male or Female |  | Approximate Weight \_\_\_\_\_\_lbs. | |

**PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH PET YOU ARE APPLYING FOR.**

|  |  |  |
| --- | --- | --- |
| **AGENCY STAFF USE ONLY BELOW:** | |  |
| **Total Gross Annual Income:** |  | **Comments:** |
| **Income Qualified?:** | **Yes No**  □ □ | **Comments:** |

# INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION

|  |  |
| --- | --- |
| Household Member (Print Name): |  |
| Household Member Date of Birth: |  |

**INSTRUCTIONS:** To complete this statement, fill in the blank fields below. All adult household members must also sign this statement to certify that the information is complete and accurate, and that income source documentation will be provided.

|  |  |
| --- | --- |
| **Source of Income** | **Annual Income in Dollars** |
| **Salary** |  |
| **Self-Employed Profits** |  |
| **Social Security (SS)** |  |
| **Supplemental Security Income (SSI)** |  |
| **Social Security Disability (SSD)** |  |
| **California Work Opportunity and Responsibility for kids (CalWORKs)** |  |
| **General Relief** |  |
| **Temporary Assistance for Needy Families (TANF)** |  |
| **Pension** |  |
| **Alimony/Child Support** |  |
| **Rental Income** |  |
| **Other Income** |  |
| **Total Gross Annual Income:** |  |

**Check here if you are a HOUSEHOLD MEMBER AGE 18 OR OLDER with no income and certify by signing below.**

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Bell Gardens Cat Spat and Neuter Program administrators.

I declare under the penalties of perjury that this statement including any accompanying statements have been examined by me and to the best of my knowledge and belief; it is true, correct and complete statement.

|  |  |  |
| --- | --- | --- |
| **Signature** | **Printed Name** | **Date** |

**ELIGIBILITY**

Attach your proof of Bell Gardens residency AND proof of income to this application. Please do not send original documents that need to be returned. Photocopies must be legible. Information about eligibility can be found under Guidelines.

**PLEASE READ AND INITIAL THE FOLLOWING:**

**­­­**\_\_\_\_\_ I understand the voucher is good for 60 days. Lost/stolen/expired vouchers will not be replaced. Vouchers cannot be redeemed for cash. Vouchers are valid only for the cat and owner listed on this application. Voucher must be presented to hospital staff on the day the pet is admitted for surgery.

\_\_\_\_\_ Proof of current vaccinations must be submitted to the hospital the day my cat is brought in for surgery. If I cannot provide proof, I understand these vaccines will be administered and I will be responsible for that portion of the bill.

\_\_\_\_\_ I voluntarily agree to use **AM/PM Ideal Pet Care Clinic** as the spay and neuter facility and am aware that the City of Bell Gardens is not involved with warranty of services provided by them. I understand the City of Bell Gardens is subsidizing only the cost of the spay or neuter procedure. Additional charges and/or any complications during or after the spay or neuter procedure are solely my financial responsibility.

\_\_\_\_\_ I certify that I own this cat and it is not feral (an untamed stray cat).

**APPLICATION CERTIFICATION AND DECLARATION**

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Bell Gardens Cat Spay and Neuter Program Administrator.

I declare under the penalties of perjury that this statement, including any accompanying statements, have been examined by me and to the best of my knowledge and belief; it is true, correct and complete statement.

|  |  |  |
| --- | --- | --- |
| **Applicant Signature** | **Printed Name** | **Date** |