

# **BRUNO'S PRO-BONE-O-PET FOOD**

## **BASIC GUIDELINES TO RECEIVE PET FOOD PLEASE READ CAREFULLY**

**Bruno needs a signed Affidavit of Income to accompany this Application.**

Any personal information we may ask for will be kept strictly confidential and will not be shared with anyone for any reason. **The data we collect is for purely statistical reasons.**

You must agree that pets are for companionship and not for breeding or any illegal activities.

You must agree to maintain a healthy environment/living conditions for all pets. **If this is not possible you must notify someone.**

You must agree to give your pets' adequate fresh water daily.

You must agree not to tether or chain your pet(s) 24/7.

**We can only distribute food to you once a month.** We must also limit the number of pets that are given food. This can be discussed on a situation basis.

We reserve the right to refuse assistance to anyone who abuses the program regardless of their income status or needs. If for any reason donated food or items is resold by any household member of your household then all members of the household will be banned from our program permanently.

By accepting food or services from Bruno's Pro-Bone-O Pet Pantry, you agree, if asked, to allow Bruno's to provide and use a testimonial from you as to how Bruno's has helped your family and pets.

By accepting food or services from Bruno's, all household members, friends and family agree not to hold Bruno's Pro-Bone-O Pet Pantry, NFP., it's staff, and benefactors legally liable in the event that their pet becomes ill, the food upsets the pets stomach or the pet passes away. Recipients are made aware of the risks that can occur when feeding their pets a new food because it is unlikely the food they will receive is the pet's usual brand.

**BY SIGNING BELOW I AGREE TO ALL THE REQUIREMENTS OUTLINED ABOVE.**

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

BRUNO'S PRO-BONE-O-PET PANTRY FOOD ASSISTANCE APPLICATION

P.O. BOX 482, GENEVA, IL 60142

**All applications must be returned with a signed Affidavit of Income.**

If you do not provide a signed Affidavit with your application, your application may be delayed.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Are You Disabled? Yes No

3. City/Zip: \_\_\_\_\_

County: Kane Kendall DuPage Other

4. Phone Number: \_\_\_\_\_

5. Are you a US Military Veteran? Yes No IF Yes, ID# \_\_\_\_\_

6. Your age: 18-30 31-40 41-50 51-60 61-67 68+

7. Number of people in your household: \_\_\_\_\_ Number over 18 years of age: \_\_\_\_\_

8. List All Pets Including Their Name, Breed, if known, Age and Size:

PET #1: Name: \_\_\_\_\_ Type (CAT/DOG/OTHER) \_\_\_\_\_

ESTIMATED AGE: \_\_\_\_\_ SIZE: S M L XL

PET #2: Name: \_\_\_\_\_ Type (CAT/DOG/OTHER) \_\_\_\_\_

ESTIMATED AGE: \_\_\_\_\_ SIZE: S M L XL

PET #3: Name: \_\_\_\_\_ Type (CAT/DOG/OTHER) \_\_\_\_\_

ESTIMATED AGE: \_\_\_\_\_ SIZE: S M L XL

(If you need more space please list the pets on the back of this page)

\_\_\_\_\_ (Initial) As long as you are receiving help feeding your pets from Bruno's Pantry, you cannot adopt or bring any more pets into your home. Doing so will forfeit your ability to receive any further help from Bruno's Pantry. **Please initial your understanding.**

**I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND THAT GIVING ANY FALSE INFORMATION WILL RESULT IN THE REJECTION OF THIS APPLICATION AND DISQUALIFICATION OF ASSISTANCE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# AFFIDAVIT OF INCOME

STATE OF ILLINOIS

COUNTY OF KANE

The undersigned \_\_\_\_\_, being duly sworn, hereby deposes and  
(your name goes above)

says:

## PLEASE CIRCLE ALL THAT APPLY

1. I am over the age of 18 and a resident of the State of Illinois;
2. I have personal knowledge of the facts herein and if called as a witness. Could testify completely thereto;
3. I suffer no legal disabilities and have personal knowledge of the facts set forth below;
4. I am unemployed and have no income;
5. I am receiving SNAP benefits;
6. I am receiving Social Security income;
7. I am receiving SSDI income;
8. I am employed however my income is below the poverty level as set for the State of Illinois.

Under penalties as provided by Illinois law, the undersigned certifies that the statements set forth in this instrument are true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature\_\_\_\_\_