



Kibble Cupboard Application

P. O. Box 16

Mays Landing, NJ 08330

(609) 412-5440

Name (s) _____

Address _____

Phone number _____ Email _____

How many people reside with you? _____ How many children? (UNDER 18) _____

In order to be considered for assistance, please read the following requirements:

- 1) Be 18 years or older.
- 2) Show a picture ID with current address each time you pick up.
- 3) Proof of need required - **you must provide documentation, dated within one year** (one of the following):

- Food stamps
- Energy assistance
- TANF/WFNJ
- Unemployment
- SSI

** If you have other circumstances besides what are listed, please let us know and we will review it.*

- 4) List names of all household members over 18 years old _____
- 5) Agree to not take on additional animals while receiving assistance, or relinquish those you currently have.
- 6) Agree to use a pet food brand that may be different from what you have used in the past.
- 7) Agree that no pet will be used for breeding or for profit.
- 8) All pets will have to be spayed/neutered. If you need assistance, you agree to work with KC to have this done.
- 9) Agree to be contacted by Kibble Cupboard staff and agree to a home visit.
- 10) Agree to provide truthful information and report any changes in your circumstances to Kibble Cupboard for possible additional help/assistance (loss of housing, employment, etc.).
- 11) Agree that no pets will be kept outside.
- 12) Agree that if you do not come to get food for four months, you will need to reapply.



How did you hear about Kibble Cupboard? _____

List dog names	Breed (i.e. mix, Pit Bull, Yorkie)	Weight	Age	Color	Spayed/ Neutered?	Medical conditions?
List cat names	Breed (i.e. tabby, Siamese)	Weight	Age	Color	Spayed/ neutered?	Medical conditions?

*If you need more room to explain medical conditions, please use the back of this form

Are you caring for a feral community or outdoor cats? If yes, how many cats are you caring for and where?

Do you have any other types of pets? _____

Do any of your pets reside outdoors? List by name: _____

What brands of pet food do you currently use? _____

Please describe your current situation that has brought you to the Kibble Cupboard. We are here to help and expect you will share truthful information regarding your situation. *Your financial information will not be shared in any way without your permission.

By signing below, you agree to the provisions above and attest the information provided is truthful. The undersigned hereby releases the Kibble Cupboard and all representatives associated therein, from any and all liability related to the pet food provided.

SIGNATURE OF APPLICANT _____ DATE _____