



1201 E 8th St, Mission, TX 78572
(956)580-8692
mypet@missiontexas.us
www.missiontexas.us

City of Mission Pet Deposit Assistance Program

Name: _____ Date of Birth: _____

New Address (for which the Pet Deposit/Fee is to be paid):

Phone (Cell): _____ (Home): _____ (Work): _____

Income Information:

Place of Employment: _____

Monthly Gross Pay: \$ _____

Additional Income (monthly):

Worker's Comp: \$ _____ Unemployment: \$ _____ Self-Employment: \$ _____

Social Security: \$ _____ Other: \$ _____

Household Family Members (persons living with you who are related by blood, marriage, or law):

Name	Relationship	Place of Employment	Monthly Income

Amount Requested (Pet Deposit & Pet Fees required for move in): \$ _____

MAX: \$350.00

Pet Information

Breed: _____ Estimated Pounds: _____

Is your pet microchipped? _____ Does your pet have updated vaccines? _____

Are you interested in animal welfare resources (ex: low-cost vaccines, spay neuter, etc.) _____



1201 E 8th St, Mission, TX 78572
(956)580-8692
mypet@missiontexas.us
www.missiontexas.us

Property Management/Landlord Information:

Name: _____ Phone: _____

Email: _____

Acceptable forms of Income Verification to provide with this application include:

- Pay stubs (past 30 days)
- Employer Letter
- Unemployment Benefit Letter
- Other financial benefit letters (ex: Retirement)

THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. IT IS ALSO UNDERSTOOD THAT THE INFORMATION ON THIS FORM MAY BE VERIFIED BY THE CITY OF MISSION. ASSISTANCE IS CONTINGENT UPON GRANT FUNDING AVAILABILITY.

I HEREBY GIVE MY PERMISSION AND APPROVAL TO THE CITY OF MISSION TO PAY THE APPROVED AMOUNT TO MY PROPERTY MANAGEMENT AS MY PARTICIPATION IN THE PET DEPOSIT ASSISTANCE PROGRAM. I ASSUME FULL RESPONSIBILITIES FOR ANY FEE OR LIABILITY BEYOND THE PROGRAM ASSISTANCE.

SPECIFICALLY, I HEREBY RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS THE CITY, ITS AFFILIATES, BRANCHES, MAYOR, COMMISSIONERS, ATTORNEYS, OFFICERS, MANAGERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS (HEREINAFTER COLLECTIVELY, "CITY OF MISSION") FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, WHICH ARISE OR MAY HEREAFTER ARISE AS A PARTICIPANT OF THE PET DEPOSIT ASSISTANCE PROGRAM.

I UNDERSTAND AND AGREE THAT THIS RELEASE OF LIABILITY DISCHARGES THE CITY OF MISSION FROM ANY LIABILITY OR CLAIM THAT IT MAY HAVE AGAINST CITY OF MISSION WITH RESPECT TO ANY ECONOMIC OR NON-ECONOMIC LOSSES, LIABILITIES, DAMAGES, SUITS, ACTIONS, CLAIMS, ATTORNEY'S FEES, COSTS, EXPENSES, OR DEMANDS, THAT MAY RESULT AS A PARTICIPANT OF THE PET DEPOSIT ASSISTANCE PROGRAM, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE OR STRICT LIABILITY OF THE CITY OF MISSION, OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

Applicant's Signature

Date