



CITY OF LOS ANGELES L.A. ANIMAL SERVICES



\$10 DISCOUNT DOG LICENSE APPLICATION

The discount dog license is available for senior citizen/disabled residents of the City of Los Angeles that meet the requirements listed below. The companion animal must be sterilized and have a current rabies vaccination to be eligible for the discount. **Only one \$10 discount license per household allowed. Please submit the completed application, along with the \$10 payment and supporting documents to, or you may also pay at your local animal shelter:**

ATTN: Discount Dog License Application
Department of Animal Services
221 N. Figueroa Street
6th Floor, Suite 600
Los Angeles, CA 90012

\$10 DISCOUNT DOG LICENSE APPLICANT INFORMATION							
NAME OF APPLICANT:				ADDRESS:			
CITY:			STATE:		ZIP CODE:		
PHONE NO.:		CA DRIVERS LICENSE/CA ID NO.		DOB:		ANNUAL INCOME:	
DOG BREED:				COLOR:			
AGE OF DOG:		SEX OF DOG (M/F):		PET NAME:			
PLEASE INCLUDE YOUR \$10 PAYMENT		RABIES VACC (Y/N):			PROOF OF STERILITY INCLUDED(Y/N):		

QUALIFICATIONS FOR DISCOUNTED DOG LICENSE

- **Must be a resident of the City of Los Angeles, have a valid photo ID and meet the following requirements:**
 - ✚ Eighteen years of age and disabled, as defined by the California Fair Employment and Housing Act or the Department of Housing and Urban Development; **OR,**
 - ✚ Senior citizen 62 years of age or older and with the following annual income levels per household

1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
\$29,050	\$33,200	\$37,350	\$41,500	\$44,850	\$48,150	\$51,500	\$54,800

The following documentation is acceptable proof of income:

- ✚ California Resident Income Tax Return Form 540 or;
- ✚ W-2 Income Form or;
- ✚ DWP Lifeline Bill with qualifying income level or Southern California Gas CARE Program
- ✚ Social Security Benefits Statement or;
- ✚ Award letter of the amount of SSI benefits, General Relief, or Cal Works/AFDC received

SUBMIT ONLY PHOTOCOPIES OF QUALIFYING DOCUMENTATION. ANY ORIGINAL DOCUMENT WILL NOT BE RETURNED TO THE APPLICANT. If submitting any form(s) containing Social Security Number(s), please block out the number(s).

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 APPLICANT SIGNATURE

 DATE