



Fawn's Freedom Campaign Application

ADREAM Headquarters
1814 Utility Rd
Rocky Face, GA 30740

www.adreamcharity.org
facebook.com/ADREAMcharity
Text - (706)313-3924

Full Name: _____
Address: _____
City, State, Zip: _____
County: _____

Home Phone: _____
__ Text __ Call Cell Phone: _____
Email: _____
Facebook: _____

Proof of ID:

Drivers License #: _____ State: _____
Green Card #: _____

Number in Household:

_____ Adults 65+
_____ Adults 18-64
_____ Children 12-18
_____ Children under 12

Reason for Need:

_____ Unemployed
_____ Low-Income
_____ Financial Hardship
_____ Natural Disaster
_____ Other: _____

Who referred you to us? _____

Your Home:

How long have you been at your current address? _____

_____ Own - Mortgage amount: \$ _____ (Proof of ownership is required)

_____ Rent - Rent amount: \$ _____ (Proof of rental and landlord contact information is required. Landlord will be required to approve fencing installation should you be approved. Please have the "Landlord Approval Form" completed in addition to this application.)

Landlord Name: _____

Landlord Phone: _____

Proof of Income: (Must provide verification)

Do you receive food stamps? Yes No

Please fill in the chart for all household income:

Full Name	Relation to Applicant	Income Source	Income Amount	Pay Frequency

Pet Information - Please fill in information on all pets for which assistance is being requested. We have provided an example to help with completing the required information.

Name	Breed	Gender	Age	Weight	Spayed / Neutered	Current Rabies?	Medical Conditions	Currently Living
<i>Fawn</i>	<i>Siberian Husky Mix</i>	<i>F</i>	<i>9y</i>	<i>55lbs</i>	<i>Y</i>	<i>Y</i>	<i>None</i>	<i>Inside</i>

Please describe in detail below your dogs' present living situation and the reason you're requesting fencing assistance from Fawn's Freedom Campaign. (Please be very detailed and specific in your explanation. You may attach an additional sheet if needed.)

I certify that the information provided on this application is true and accurate to the best of my knowledge and understand that I will be required to provide verification documents upon request.

Signature

Date