

Each family member who is legally responsible for the burial or cremation must return a signed financial statement for the determination of the amount that the Municipality will be able to assist with (including verification of income and expenses).

Name of deceased: _____ SS#: _____
 Family member: _____ SS#: _____ Phone: _____
 Spouse: _____ SS#: _____
 Total# of Family Members in Household Adults: _____ Children: _____
 Total # of Family Members Receiving Food Stamps: _____

INCOME:

ASSETS:

TYPE OF INCOME	YES NO		Amount Weekly	Amount Monthly	Assets: Check Yes or No for each type of asset owned. Enter total value of each asset			
					Type of asset	YES	NO	Total Value or Amount
Work (full/part-time)	<input type="checkbox"/>	<input type="checkbox"/>			Home	<input type="checkbox"/>	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	<input type="checkbox"/>			Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	
SSI-Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>			Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
Military/Veterans benefits	<input type="checkbox"/>	<input type="checkbox"/>			Real Estate (other than home)	<input type="checkbox"/>	<input type="checkbox"/>	
Other Retirement or Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>			Car- Year(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>			Truck- Years(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			Camper/Trailer/Boat - Year	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>			Motorcycle/Moped/Snowmobile/ATV - Year	<input type="checkbox"/>	<input type="checkbox"/>	
Income from Spouse/Relatives	<input type="checkbox"/>	<input type="checkbox"/>			Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			Accidental Medical	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL MONTHLY INCOME								
EXPENSES								
Type of expenses	Yes	No	Amount Weekly	Amount Monthly				
Food	<input type="checkbox"/>	<input type="checkbox"/>						
Rent	<input type="checkbox"/>	<input type="checkbox"/>						
Mortgage	<input type="checkbox"/>	<input type="checkbox"/>						
Electricity	<input type="checkbox"/>	<input type="checkbox"/>						
LP Gas	<input type="checkbox"/>	<input type="checkbox"/>						
Heating Fuel	<input type="checkbox"/>	<input type="checkbox"/>						
Household/Personal	<input type="checkbox"/>	<input type="checkbox"/>						
Phone	<input type="checkbox"/>	<input type="checkbox"/>						
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
TOTAL MONTHLY EXPENSES								

STATEMENT BY FAMILY MEMBER: I hereby swear and affirm the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand that the Administrator has the right to verify any information necessary to determine eligibility and I hereby give my consent. I understand that if I refuse to give my consent, this may result in my request for assistance being denied, therefore, I give my express permission for the Administrator to contact such sources or persons necessary, including DHHS, to verify any information relevant to the determination of eligibility.

Signature of family member _____ Date _____
 Relationship to deceased: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Amount Family Member is Financially Capable of Paying: \$ _____	Other Contributions: \$ _____
General Assistance Administrator: _____	Date: _____

The Municipality does not discriminate against or exclude individuals from its municipal facilities, and/or in the delivery of its programs, activities and services based on an individual person's race, ancestry, color, religion, gender, age, physical or mental disability, veteran status, or limited English speaking ability.