



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 Town of Waldoboro will be able to assist with. Form prepared by Darryl McKenney and William Post, Waldoboro, ME

FAMILY MEMBER: \_\_\_\_\_

**INCOME**

**ASSETS**

TYPE OF INCOME	YES	NO	AMOUNT	MONTHLY	ASSETS: Check Yes or No for each type of asset owned. Enter the 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"/>	
AFDC	<input type="checkbox"/>	<input type="checkbox"/>			Bank Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>						
Military/Veteran Benefits	<input type="checkbox"/>	<input type="checkbox"/>			Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	
Other Retirement or Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>			Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			Real Estate (other than home)	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support or Alimony	<input type="checkbox"/>	<input type="checkbox"/>						
SSI-Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>			Car - Year(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Income from Relatives	<input type="checkbox"/>	<input type="checkbox"/>						
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			Truck - Year(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Monthly Income</b>								
<b>EXPENSES</b>					Camper/Trailer/Boat- Year	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Expense	Yes	No	Amount	Monthly	Motorcycle/Moped/Snowmobile/ATV - Year	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>						
Rent	<input type="checkbox"/>	<input type="checkbox"/>			Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgage	<input type="checkbox"/>	<input type="checkbox"/>			Accident Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
LP Gas	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Heating Fuel	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Household/Personal	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Total Monthly Expenses</b>								
<b>Amount Financially Capable of Paying Monthly</b>								

**STATEMENT BY FAMILY MEMBER:** I hereby swear and affirm the facts in this application are true, correct and complete, and that I have no knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance, therefore I hereby give my express permission for the Administrator to contact the sources or persons to verify any or information material for the determination of Assistance eligibility for my self.