**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 City of Lewiston 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) |  |  |  | Home |  |  |
| TANF |  |  |  | Bank Accounts |  |  |
| Social Security |  |  |  |
| SSI-Supplemental Security Income |  |  |  | Cash on Hand |  |  |
| Military/Veterans benefits |  |  |  | Stocks or Bonds |  |  |
| Other Retirement or Pension Plan |  |  |  |
| Unemployment Benefits |  |  |  | Real Estate (other than home) |  |  |
| Worker’s Compensation |  |  |  |
| Child Support/Alimony |  |  |  | Car- Year(s) |  |  |
| Income from Spouse/Relatives |  |  |  |
| Other (please specify) |  |  |  | Truck- Years(s) |  |  |
| **TOTAL MONTHLY INCOME** |  |  |  |
| EXPENSES |  |  |  | Camper/Trailer/Boat – Year |  |  |
| Type of expenses | **Yes No** | **Amount Weekly** | **Amount**  **Monthly** | Motorcycle/Moped/ Snowmobile/ATV – Year |  |  |
| Food |  |  |  |
| Rent |  |  |  | Life Insurance |  |  |
| Mortgage |  |  |  | Accidental Medical |  |  |
| Electricity |  |  |  |  |  |  |
| LP Gas |  |  |  |  |  |  |
| Heating Fuel |  |  |  |  |  |  |
| Household/Personal |  |  |  |  |  |  |
| Phone |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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:\_\_\_\_\_\_\_\_\_\_

City Hall 27 Pine Street Lewiston, Maine 04240 Telephone (207) 513-3130 Fax (207) 376-3229 TTY (207) 513-3007

E-mail: [scharron@lewistonmaine.gov](mailto:scharron@lewistonmaine.gov) The City of Lewiston 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. For more information about this policy, contact or call Compliance Officer Mike Paradis at (V) 207-513-3140, TTY (207) 513-3007,

or email [mparadis@lewistonmaine.gov](mailto:mparadis@lewistonmaine.gov)