**FINANCIAL STATEMENT**

Each legally liable person 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of legally liable person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INCOME** | | | | | **ASSETS** | | | |
| TYPE OF INCOME | YES NO | AMOUNT WEEKLY | AMOUNT MONTHLY | TYPE OF ASSET | | YES NO | TOTAL VALUE OR AMOUNT |
| Employment (FT/PT) | 🞏 🞏 | $ | $ | Home | | 🞏 🞏 | $ |
| TANF | 🞏 🞏 | $ | $ | Bank Accounts | | 🞏 🞏 | $ |
| Social Security | 🞏 🞏 | $ | $ | Cash on Hand | | 🞏 🞏 | $ |
| SSI Supplemental Security Income | 🞏 🞏 | $ | $ | Stocks or Bonds | | 🞏 🞏 | $ |
| Military/Veterans Benefits | 🞏 🞏 | $ | $ | Real Estate (other than home) | | 🞏 🞏 | $ |
| Other Retirement/Pension | 🞏 🞏 | $ | $ | Auto(s) – Year/Type | | 🞏 🞏 | $ |
| Unemployment Benefits | 🞏 🞏 | $ | $ | 🞏 🞏 | $ |
| Worker’s Compensation | 🞏 🞏 | $ | $ | 🞏 🞏 | $ |
| Child/Spousal Support | 🞏 🞏 | $ | $ | 🞏 🞏 | $ |
| Income from Family/Friends | 🞏 🞏 | $ | $ | Camper/trailer/boat | | 🞏 🞏 | $ |
| Other (Please specify) | 🞏 🞏 | $ | $ | Motorcycle/Moped/ATV/ Snowmobile-Year | | 🞏 🞏 | $ |
| TOTAL MONTHLY INCOME | | | $ | 🞏 🞏 | $ |
| **EXPENSES** | | | |  | | 🞏 🞏 | $ |
| TYPE OF EXPENSE | YES NO | AMOUNT WEEKLY | AMOUNT MONTHLY |  | |  |  |
| Food | 🞏 🞏 | $ | $ |  | |  |  |
| Rent | 🞏 🞏 | $ | $ |  | |  |  |
| Mortgage | 🞏 🞏 | $ | $ |  | |  |  |
| Electricity | 🞏 🞏 | $ | $ |  | |  |  |
| LP Gas | 🞏 🞏 | $ | $ |  | |  |  |
| Heating Fuel | 🞏 🞏 | $ | $ |  | |  |  |
| Household/Personal | 🞏 🞏 | $ | $ |  | |  |  |
| Phone | 🞏 🞏 | $ | $ |  | |  |  |
| Other (please specify) | 🞏 🞏 | $ | $ |  | |  |  |
| TOTAL MONTHLY EXPENSES | | | $ |  | |  |  |
| Total Monthly Income - Total Monthly Expenses = **Net Income** | | | $ | Total Countable Assets | | | $ |

**STATEMENT BY LEGALLY LIABLE PERSON**: 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 legally liable person Date

PLEASE DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

Amount this person is Financially Capable of Paying: $\_\_\_\_\_\_\_\_\_\_\_\_ Pro-rata share amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

rev 08/14/2019