

Answer the following:

1. Was deceased receiving state or public Assistance? Yes No
2. Did the deceased have life insurance? Yes No
3. Is there any other tribe or corporation providing burial assistance? Yes No
4. Was the deceased a veteran? Yes No
5. Was the deceased married at the time of death? Yes No
6. Does the deceased have a prepaid funeral plan? Yes No
7. Was the deceased transported to Anchorage by the State of Alaska Yes No

Section II – Household Information

HOUSEHOLD MEMBERS: (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

Section III – Household Income and Resources

List all sources if income that apply: YOU MUST PROVIDE PROOF OF INCOME WITH THIS APPLICATION AND A MOST RECENT BANK STATEMENT

Type of Payment	How Much	How Often	Type of Payment	How Much	How Often
Social Security (Blue/Green Check)			State Checks for Aid to Blind, Disabled, Aged		
Supplemental Security Income			Retirement/Pension		
Veteran Benefits			ATAP / TANF / GA Benefit		
Unemployment Insurance			Child Support/Alimony		
Native Dividend Payments			Payments from Renters/ Boarders		
Money from Friends or Relatives (Not loans) and Go Fund Me, Fundraisers, kick starts, Etc.			Interest or Dividends from Savings, Stocks, etc...		
Other (specify); Longevity bonus/Permanent Fund, Inheritance, donations, etc...			Senior Benefits (Longevity)		
Employment			Self-Employment (Selling crafts, In-home daycare, Foster Care etc.)		

Section IV – Burial Service Information

Place of Death:	Date of Death:
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Please Check the services you are requesting -		
Casket - <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, select color)	White <input type="checkbox"/>	Blue <input type="checkbox"/>
Ex- Large - <input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation to burial site <input type="checkbox"/> Yes <input type="checkbox"/> No	From:	To:
Funeral home services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Funeral Home		
Funeral Home Contact Name		
Funeral Home Contact Number		
Casket Building Materials <input type="checkbox"/> Yes <input type="checkbox"/> No (application must be approved prior to picking up supplies)		
Burial Feast <input type="checkbox"/> Yes <input type="checkbox"/> No (Will not exceed \$500.00 and is limited to the amount remaining after burial services.)	Check one: <input type="checkbox"/> Bigfoot <input type="checkbox"/> Alaska Commercial <input type="checkbox"/> N&N Market	

Section V – Your Information

Name of Applicant (first, Middle, Last)	Relationship to Deceased	Birthdate	Social Security Number
Mailing Address (Street or P.O. Box)	City	State/Zip	Phone Number

I am applying for Burial Assistance because I cannot afford to pay for the burial from my own resources.

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING: If you do not agree with any decision made in any matter concerning your case, you have the right to a fair hearing. You may make this request in writing or in person to any office of the Bristol Bay Native Association.

AGREEMENT

I certify that I have checked the information on this application carefully and that it is a true and complete statement of facts according to my best knowledge and belief.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I further understand that some of all statements on this application may be subject to investigation by the Bristol Bay Native Association.

I agree to notify the Bristol Bay Native Association within 10 days if I become aware of additional information that was either incorrectly stated or omitted on this application. I acknowledge that this future information includes crowd sourcing accounts (e.g. – Go Fund Me, Kickstarter, or other like accounts or donations), life insurance, burial insurance, property owned by the deceased, bank accounts, available liquid resources, or other assets easily converted into cash.

I understand the Bristol Bay Native Association may place a claim against the estate of the deceased, not to exceed the payment amount for services requested with this application, should I supply false information regarding this application.

I understand that in order for the Bristol Bay Native Association, Workforce Development Center to serve me under the General Assistance Burial Program they will need information from the State, Federal, City Councils, Village Councils, Employers, Private or Educational Agencies. I hereby give my authorization to release information (including income) to the Bristol Bay Native Association.

I understand the above and I agree to provide any documents necessary to prove my eligibility for assistance. If documents are not available, I agree to provide name(s) of persons or organization the Bristol Bay Native Association may contact to obtain the necessary proof. I also authorize the Alaska Department of Labor to release to the Bristol Bay Native Association information about any eligibility for Unemployment compensation benefits or wage credits.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____