



People's Memorial
A s s o c i a t i o n
Funeral Advocacy & Education since 1939

Funeral Financial Assistance Fund Guidelines & Application

*The Funeral Financial Assistance (FFA) fund helps families pay for part of cremation, aquamation, or burial arrangements. These guidelines outline who is most likely to receive assistance and where the funds can be applied. If you believe your situation qualifies, please submit the entire four-page application with a letter of recommendation to People's Memorial Association at info@peoplesmemorial.org or fax to **206-529-3801**.*

Guidelines

Responsible Party Affirmation

FFA is only open to decedents who have a next-of-kin or a responsible party to claim their body and remains. The next-of-kin or responsible party must fully complete the application to the best of their knowledge and provide a letter of recommendation. If there is no next-of-kin or responsible party, the case should be referred to the local county [indigent cremation program](#).

Membership

The decedent will receive PMA membership upon approval of the FFA application, if they are not already a member. A PMA membership provides discounted services at a network of contracted funeral homes in Washington state that meet PMA's high standards for quality and ethics. Learn more about PMA membership here: www.peoplesmemorial.org/membership/why-be-a-member/.

Arrangements

The cremation, aquamation, or burial arrangements must be handled by a funeral home contracted with PMA; www.peoplesmemorial.org/providers lists current providers. The FFA does not cover transferring a loved one to a PMA-contracted funeral home from a non-PMA-contracted funeral home. For those interested in burial, PMA does sell discounted burial plots: visit www.peoplesmemorial.org/plots for additional details. At this time, FFA does not cover natural organic reduction (aka terramation or human composting) services.

Location of deceased

The decedent must either be at a funeral home contracted with PMA or not yet at a funeral home (i.e. at home, in a hospital, or at the medical examiner's office). If a body is already at a funeral home not contracted with PMA, then you will not qualify for this fund. This fund cannot be used to pay for transportation of the deceased from a non-PMA-contracted funeral home to a PMA-contracted funeral home. This fund cannot be used to pay for refrigeration costs, whether already accrued or to be accrued upon application, unless part of payment to a PMA-contracted funeral home.

Letter of Recommendation

The letter of recommendation should be written by a professional familiar with the family's situation. Some examples include a healthcare provider, social worker, religious leader, landlord, guardian, employer, or other person not related to the decedent or next-of-kin. The letter should include their relationship to the family/decedent and their belief that paying for simple funeral expenses would risk basic necessities like food and shelter.

Income Level

PMA uses the [Federal Guidance for the Washington State Low-Income Weatherization Program Eligibility Guidelines](#) to determine financial need. PMA considers total household income at or below 80% Area

Median Income (AMI) based on household size and county for the next-of-kin. Preference is given to individuals on Social Security Income (SSI) and/or Social Security Disability Insurance (SSDI). We ask information for both the decedent and applicant so we can ensure these funds assist those in most need.

Determination and Payment

PMA determines if assistance will be awarded and the amount, with a maximum of 75% of the fee for a cremation or alkaline hydrolysis, or 50% of the fee for direct burial. The price of services varies based on the funeral home and location. PMA will directly pay the attending funeral home upon receipt of the Goods and Services statement. The next-of-kin or responsible party must pay any additional expenses over the amount awarded. Cemeteries (optionally) contracted will generate a second bill, and this cemetery bill will not be covered by PMA or the FFA.

I have read the FFA guidelines, and the information provided is complete and true to the best of my ability.

Signature Date

Application – Decedent Information

PLEASE PRINT CLEARLY

Name:		
Desired Disposition Method: Cremation <input type="checkbox"/> Aquamation <input type="checkbox"/> Burial <input type="checkbox"/>		
Funeral Home:	PMA Member #:	
Date of Birth:	Date of Death:	
Permanent Address:		
City:	State:	Zip Code:
On Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which program(s)?
<i>circle one</i> Own Home Rent	Monthly Mortgage/Rent Amount:	
Was the decedent the parent or guardian of a child(ren) under 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT			
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer:			
Employer Phone or Email:			
Employer Address:			
Decedent's Job Title:		Annual Income:	
Monthly Social Security Amount:		Monthly Pension Amount:	
BANK ACCOUNTS			
Account	Bank	Name(s) on Account	Balance
Checking			\$
Savings			\$
Other Accounts			

LIFE INSURANCE			
Insurance Company	Beneficiary(ies)	Value	
RETIREMENT ACCOUNTS			
Financial Institution	Beneficiary(ies)	Value	
ASSETS: HOME, AUTO, RV, OTHER			
Type of Asset	Description: Year, Make, Model	Amount Owed	Overall Value
Home		\$	\$
Auto		\$	\$
RV, Mobile Home, Motorcycle, or Other Assets greater than \$50,000 in value		\$	\$

Application – Applicant Information

PLEASE PRINT CLEARLY

Name:		
Relationship to the deceased:		
PMA Member #:	Household Size:	
Date of Birth:	Is the applicant the parent or guardian of a child(ren) under 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone Number:		
Permanent Address:		
City:	State:	Zip Code:
On Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which program(s)?
<i>circle one</i> Own Home Rent	Monthly Mortgage/Rent Amount:	

EMPLOYMENT

Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>	On Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:		Employer Phone or Email:
Employer Address:		
Job Title:		

INCOME

Source	Monthly Income	Annual Income
Income from Work:	\$	\$
Social Security:	\$	\$
Disability:	\$	\$
Pension:	\$	\$
Retirement:	\$	\$
TOTAL INCOME:	TOTAL: \$	TOTAL: \$

BANK ACCOUNTS

Account	Bank	Name(s) on Account	Balance
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Checking			\$
Savings			\$
Credit Card Debt or Other Debt			\$
ASSETS: HOME, AUTO, RV, OTHER			
Type of Asset	Description: Year, Make, Model	Amount Owed	Overall Value
Home		\$	\$
Auto		\$	\$
RV, Mobile Home, Motorcycle, or Other Assets greater than \$50,000 in value		\$	\$

How did you hear about this program?
