



Funeral Financial Assistance Guidelines

The Funeral Financial Assistance Fund was established to help families pay for a portion of cremation, aquamation, or simple burial arrangements. Please read these guidelines to determine if your situation qualifies for this assistance, then complete the three page application. Please submit completed applications plus the letter of recommendation to People's Memorial Association at info@peoplesmemorial.org or fax 206-526-381.

- 1) The cremation, aquamation, or burial arrangements must be handled by a funeral home contracted with PMA. Visit www.peoplesmemorial.org/providers to see that list. If your loved one is in the care of a funeral home outside of this list, the cost for transferring services to a new funeral home will likely be very expensive and something this fund cannot support.
- 2) The decedent must be registered as a member of PMA. The next-of-kin or responsible party is expected to pay the \$50 membership fee.
- 3) The next-of-kin must complete the application and provide a letter of recommendation from someone outside of the family. If no next-of-kin can be identified, then the "most responsible party" shall complete the financial application to the best of their knowledge. *If no next-of-kin or responsible party claims the body of the decedent, the case shall be referred to the local county indigent cremation program.*
- 4) The letter of recommendation should be written by a professional who is familiar with the family's situation. A professional in this situation would be defined as a healthcare provider, social worker, religious leader, landlord, guardian, or other person who is not related to the decedent or next-of-kin. The letter should include:
 - a) their relationship to the family/decedent, and
 - b) that they believe there are not sufficient financial resources to pay for simple funeral expenses without putting at risk the basic necessities of food and shelter.
- 5) PMA utilizes the Federal Guidance for the Washington State Low-Income Weatherization Program Eligibility Guidelines to determine financial need.
- 6) **If PMA determines that the situation warrants assistance, a maximum of \$635 will be provided.** PMA will send the money directly to the funeral home once the statement of Goods and Services has been provided. The next-of-kin will be responsible for all other expenses.
- 7) PMA sells discounted burial plots at www.peoplesmemorial.org/plots.

I have read these guidelines. Next-of-kin signature: _____

Application – Decedent Information

PLEASE PRINT CLEARLY

Name:			
Funeral Home:		PMA Member #:	
Date of Birth:		Date of Death:	
Permanent Address:			
City:		State:	Zip Code:
On Medicaid? Yes No	Disability Program? Yes No		Which program?
Own Rent (circle)	Monthly Mortgage/Rent Amount:		
EMPLOYMENT			
Employed? Yes No		Retired? Yes No	
Employer:			
Employer Phone or Email:			
Employer Address:			
Decedent's Job Title:		Annual Income:	
Monthly Social Security Amount:		Monthly Pension Amount:	
BANK ACCOUNTS			
Account	Bank	Names on Account	Balance
Checking			\$
Savings			\$
LIFE INSURANCE			
Insurance Company	Beneficiary		Value
RETIREMENT ACCOUNTS			
Financial Institution	Beneficiary		Value
ASSETS: HOME, AUTO, RV, OTHER			
Type of Asset	Description: Year, Make, Model	Amount Owed	Value
Home		\$	\$
Auto		\$	\$
RV, Mobile Home, Motorcycle, Other		\$	\$

Application – Next-of-Kin Information

PLEASE PRINT CLEARLY

Name:			Phone:		
Relationship to Decedent:			Email:		
Permanent Address:					
City:		State:		Zip Code:	
On Medicaid? Yes No	Disability Program? Yes No		Which program?		
Own Rent (circle)	Monthly Mortgage/Rent Amount:				
EMPLOYMENT					
Employed? Yes No	Retired? Yes No		On Disability? Yes No		
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 from all sources including work:	TOTAL: \$		TOTAL: \$		
BANK ACCOUNTS					
Account	Bank	Names on Account		Balance	
Checking				\$	
Savings				\$	
Credit Cards				\$	
ASSETS: HOME, AUTO, RV, OTHER					
Type of Asset	Description: Year, Make, Model		Amount Owed	Value	
Home			\$	\$	
Auto			\$	\$	
RV, Mobile Home, Motorcycle, Other			\$	\$	