People's Memorial Association
Funeral Advocacy & Education since 1939

PMA's Funeral Financial Assistance Fund Guidelines & Application

The Funeral Financial Assistance (FFA) fund helps families pay for part of cremation, aquamation, and burial arrangements for a recently deceased loved one whose death occurred in Washington state. 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 application and a letter of recommendation*** *to People's Memorial Association at* ***info@peoplesmemorial.org*** *or by 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 this application (wherever "Applicant" is referred to) to the best of their knowledge and provide a letter of recommendation from a non-family professional familiar with the deceased. If there is no next-of-kin or responsible party, the case should be referred to the local county indigent cremation program.

Location of the Deceased

The decedent must either be at a PMA-contracted funeral home or not yet at a funeral home (i.e. at home, in a hospital, or at the medical examiner's office) at the time of submitting this application. If a body is already at a funeral home that is not contracted with PMA, then you will not qualify for this fund. FFA recipients must perform disposition services at a Washington-based, PMA-contracted funeral home. FFA grants may not be used to cover the cost of transferring a loved one to or from a PMA-contracted funeral home, refrigeration costs (unless at a PMA-contracted funeral home), or any inter-state or international shipping. See current PMA-contracted providers at http://www.peoplesmemorial.org/providers.

Letter of Recommendation

A letter of recommendation must be sent along with each application for an application to be considered complete and eligible. The letter of recommendation should be written by a professional familiar with the family's situation, and cannot be written by someone related to the deceased or the Applicant. Some examples of an eligible letter writer include a healthcare provider, social worker, religious leader, landlord, guardian, employer, or other person not biologically/legally related to the deceased or the Applicant. The letter should include their relationship to the Applicant/decedent and their belief that paying for simple funeral expenses without assistance provided by the FFA fund 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 for income information for both the decedent and Applicant so we can ensure these funds assist those in most need.

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.

Arrangement Method Costs and Conditions

The cremation, aquamation, or burial arrangements must be handled by a funeral home contracted with PMA; www.peoplesmemorial.org/providers lists current providers. Which arrangement method you wish to pursue is your choice, and should be noted in the application.
Different arrangement methods (also known as "disposition" methods) cost different amounts, which you can learn about at http://www.peoplesmemorial.org/providers The FFA fund covers a fixed amount of the cost **up to** the amount listed below. The amount depends on the method. See the table below for the allotment by method and what the Applicant can expect to pay.

Arrangement Method	Fixed FFA Allotment	Approximate REMAINING Cost (Applicant's responsibility, varies by funeral home)
Cremation	$950	~$365
Aquamation	$1,200	~$690
Burial*	$1,200	~$1,553 + cemetery costs*

**For those interested in burial*, please note that there are fees associated with opening and closing a burial plot, plus the cost of the plot (grave) itself. PMA advises you to reach out to a particular cemetery to understand the full costs associated with a burial before completing this application. PMA does sell discounted burial plots: Visit www.peoplesmemorial.org/plots for additional details.

Determination and Payment

PMA staff determine if assistance will be awarded based on financial need as defined in the Income Level section above, with oversight by the PMA board of directors, who are volunteers. Notification of acceptance, denial, or of an incomplete application typically occurs within 1-3 business day of the application being received.

After approval, PMA will directly pay the administering funeral home upon receipt of the Goods and Services statement (aka the invoice). The next-of-kin or responsible party must pay any additional expenses beyond the amount awarded. Please reference the Allotment table in the Arrangement Method Costs and Conditions section on page one for amounts. The amount paid out by PMA via the FFA fund is fixed, while the amount the Applicant is responsible for varies by the funeral home. Cemeteries (in the case of a burial, and when not at a funeral home's own cemetery) 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 in this application is complete and true to the best of my ability.

Signature Date

I understand I am still accountable for paying the remainder of the bill for services to the funeral home administering services.

Signature Date

If you are applying on behalf of an organization or institution who will pay the remainder of the bill, please list the organization's information here, and name one other staff member we can contact to corroborate.

Organization / Institution Name Secondary Contact (Not Applicant) Job Title

Decedent Information

Name of the Deceased:		
Desired Disposition Method (Check one of the following options)		
Cremation ☐	Aquamation ☐	Burial ☐
Location of the Deceased at time of writing:		
Desired Funeral Home Name:		
Desired Funeral Home Address:		
Has Applicant already contacted this funeral home? (Either answer acceptable) Yes ☐ No ☐	Name of individual contacted at Funeral Home: Deceased's PMA Member #:	
Date of Birth:	Date of Death:	
Permanent Address:		
City:	State:	Zip Code:
On Medicaid? Yes ☐ No ☐	Disability Program? Yes ☐ No ☐	Which program(s)?
Own Home ☐ or Rent ☐	Monthly Mortgage/Rent Amount:	
Was the decedent the parent or guardian of a child(ren) under 18? Yes ☐ No ☐ If yes, how many?		
Household Size:		
EMPLOYMENT		
Employed? Yes ☐ No ☐	Retired? Yes ☐ No ☐	
Employer, or Last Employer:		
Employer Phone or Email:		
Employer Address:		
Decedent's Job Title, or Last 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 $50,000 in value		**$**	**$**

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 ⬜ No ⬜	
Phone Number:		If yes, how many?	
Permanent Address:			
City:		State:	Zip Code:
On Medicaid? Yes ⬜ No ⬜	Disability Program? Yes ⬜ No ⬜	Which program(s)?	
Own Home ⬜ or Rent ⬜		Monthly Mortgage/Rent Amount:	

EMPLOYMENT	
Employed? Yes ⬜ No ⬜	Retired? Yes ⬜ No ⬜
Employer, or Last Employer:	
Employer Phone or Email:	
Employer Address:	
Job Title, or Last 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***
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 $50,000 in value		**$**	**$**

Have you attempted to apply to any other funeral funding sources? If so, which?

How did you hear about the Funeral Financial Assistance program?

The mandatory application questions are now complete.

Please submit by email to **info@peoplesmemorial.org** or by mail to

People's Memorial Association
2011 1st Ave N
Seattle, WA 98109

OPTIONAL – Applicant Demographic Information

PLEASE PRINT CLEARLY

The following section has no bearing on the application process or determining your eligibility to receive funds. This information helps our nonprofit apply for additional funding to keep this fund open.

Do you identify with any of the following ethnicities? Please list multiple if multiple apply to you:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other: _____

Do you identify as a person living with a disability?

- ☐ Yes, _____
- ☐ No

Space for you to elaborate: _____

Do you personally identify as LGBTQ+?

- ☐ Yes
- ☐ No

What gender(s) do you identify with? Please list multiple if multiple apply to you:

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Gender queer / gender fluid
- ☐ Trans
- ☐ Other: _____

Do you identify with any of the following lived experiences? Please list multiple if multiple apply to you:

- ☐ Caregiver
- ☐ Displaced (due to climate, gentrification, other experience)
- ☐ Homelessness (past or present)
- ☐ Incarcerated / criminalized
- ☐ Immigrant
- ☐ Foster Care (parent or dependent)
- ☐ Low income / Experiencing poverty
- ☐ Military Veteran / Armed forces
- ☐ Refugee
- ☐ Survivor (of abuse, neglect, assault)

What is the highest level of education you have completed?

- ☐ Less than high school degree
- ☐ High school degree or equivalent (e.g., GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree
- ☐ Other: _____

How much total combined money did all members of your household earn in the previous year?

- ☐ $0 – $49,999
- ☐ $50,000 – $69,999
- ☐ $70,000 – $89,999
- ☐ $90,000 – $99,999
- ☐ $100,000 – $109,999
- ☐ $110,000 – $129,999
- ☐ $130,000 – $149,999
- ☐ $150,000 – $169,999
- ☐ $170,000 or more

Which of the following describes your employment status?

- ☐ Employed, working 1-39 hours per week
- ☐ Employed, working 40 or more hours per week
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Retired
- ☐ Disabled, not able to work

How would you describe where you live?

☐ Urban ☐ Suburban ☐ Rural

In what county do you live in?