



Funeral Financial Assistance Fund Guidelines & Application

The Funeral Financial Assistance (FFA) fund helps families pay for part of cremation, aquamation, burial, or terramation arrangements for a recently deceased loved one. 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 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](#).

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, terramation 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	Average REMAINING Cost (Applicant's Responsibility, varies by funeral home)
Cremation	\$950	~\$365
Aquamation	\$1,200	~\$690
Burial*	\$1,200	~\$1,553
Terramation**	\$1,980	\$1,980**

*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.

**Terramation (aka natural organic reduction) services have been graciously donated to the FFA by [Return Home](#). The funeral home overseeing and administering terramation arrangements will always be [The Co-op Funeral Home](#). There is limited availability for one free terramation service per quarter, and one additional terramation service at half price service per quarter. Please talk to a funeral director at the Co-op Funeral Home or a staff member of PMA to confirm the current availability of terramation services through the FFA fund.

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. <http://www.peoplesmemorial.org/providers> lists current providers.

The FFA does not cover the cost of transferring a loved one to a PMA-contracted funeral home from a non-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 services charged by the PMA-contracted funeral home.

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.

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 business day of the application being received.

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 _____

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
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Application – Decedent Information

PLEASE PRINT CLEARLY

Name of the Deceased:			
Desired Disposition Method (Check one of the following four options)			
Cremation <input type="checkbox"/>	Aquamation <input type="checkbox"/>	Terramation <input type="checkbox"/>	Burial <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>	Disability Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which program(s)?	
Own Home <input type="checkbox"/> or Rent <input type="checkbox"/>		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"/> If yes, how many?			
Household Size:			
EMPLOYMENT			
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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:
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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:		If yes, how many?	
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)?	
Own Home <input type="checkbox"/> or Rent <input type="checkbox"/>		Monthly Mortgage/Rent Amount:	

EMPLOYMENT			
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retired? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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. The optional information provided here helps our nonprofit know who is being served by this program and helps us apply for additional funding to keep this fund open.

Do you identify as practicing any religion or spirituality? If yes, which:
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Do you identify with any of the following ethnicities? Please list multiple if multiple apply to you:

<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
Do you identify as a person living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Space for you to elaborate: _____	What gender(s) do you identify with? Please list multiple if multiple apply to you: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Gender queer / gender fluid <input type="checkbox"/> Trans <input type="checkbox"/> Other: _____
Do you personally identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As an ally	
Do you identify with any of the following lived experiences? Please list multiple if multiple apply to you: <input type="checkbox"/> Caregiver <input type="checkbox"/> Displaced (due to climate, gentrification, other experience) <input type="checkbox"/> Homelessness (past or present) <input type="checkbox"/> Incarcerated / criminalized <input type="checkbox"/> Immigrant <input type="checkbox"/> Foster Care (parent or dependent) <input type="checkbox"/> Low income / Experiencing poverty <input type="checkbox"/> Military Veteran <input type="checkbox"/> Refugee <input type="checkbox"/> Survivor (of abuse, neglect, assault)	
What is the highest level of school you have completed or the highest degree you have received? <input type="checkbox"/> Less than high school degree <input type="checkbox"/> High school degree or equivalent (e.g., GED) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other: _____	How much total combined money did all members of your household earn in the previous year? <input type="checkbox"/> \$0 – \$49,999 <input type="checkbox"/> \$50,000 – \$69,999 <input type="checkbox"/> \$70,000 – \$89,999 <input type="checkbox"/> \$90,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$109,999 <input type="checkbox"/> \$110,000 – \$129,999 <input type="checkbox"/> \$130,000 – \$149,999 <input type="checkbox"/> \$150,000 – \$169,999 <input type="checkbox"/> \$170,000 or more
Which of the following describes your employment status? <input type="checkbox"/> Employed, working 1-39 hours per week <input type="checkbox"/> Employed, working 40 or more hours per week <input type="checkbox"/> Not employed, looking for work <input type="checkbox"/> Not employed, NOT looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Disabled, not able to work	
How would you describe where you live in terms of the following options? <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	In what county do you primarily live in?