

Seminole County Community Assistance Cremation Application

Name of deceased	Deceased SS#	Date of Birth	Date of death	Age
Deceased address		Race	Marital status	
Deceased annual income	City/county/facility of death			
Deceased housing status: Homeowner ____ Renter ____ Homeless ____ Shelter/Facility ____ Other ____				
Is the deceased a Veteran? Yes ____ No ____ If yes, please list the amount of VA benefits received \$ ____				
Has the death been reported to the Social Security Office? Yes ____ No ____ Does the family of the deceased qualify for the \$255 death burial benefit from Social Security? Yes ____ No ____ If yes, please note that \$255 will be deducted from any County payment of any approved file and the family will be responsible for paying the \$255 payment directly to the funeral home.				
Does the deceased have life insurance? Yes ____ No ____ If yes, list the insurance company name, phone number and the policy number				
Does the deceased own property? Yes ____ No ____ If yes, list the property address (street, city, state)				
Was the deceased employed at the time of death? Yes ____ No ____ If yes, list the employer's name and phone number.				
Does the deceased have a bank account or pay card? Yes ____ No ____ If yes, list name of bank/pay card and provide the latest statement.				
Has a funeral home been selected? If yes, please provide name and phone number for the funeral home.				

Please submit the following documentation:

- ID/Driver's license for deceased and applicant
- Most recent bank statement for deceased (and spouse, if applicable)
- Income documentation for the last 30 days for deceased (and spouse, if applicable)

If approved, the program is for a direct cremation only. The program does not provide for a funeral, memorial viewing, visitation, or any other service. If the family signs a contract with the funeral home for any of these services, the county will not provide any assistance.

Name of person requesting assistance		Relationship to the deceased	
Address		Date of birth	Race
Phone number	Email address	Annual income	

Additional Members residing in the household of the deceased

Name	SSN	Date of birth	Age	Relationship

All programs are open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. Assistance is provided according to the availability of funding; some restrictions apply.

I certify that all information I have provided above is true and correct. I/we understand that Section 817.03 Florida Statute provides that making false statements or misrepresentation relating to financial condition, assets or liabilities is a misdemeanor of the first degree, punishable by fines and imprisonment as provided under sections 775.082 or 775.83, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided.

I/We agree to indemnify, release and hold Seminole County, its officers, employees and agents harmless from any and all liability, including all fees and costs, resulting from claims, losses, damages or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

Requesting Person Signature: _____
Date: _____

100% Poverty Level Gross Annual Household Income

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560

For each additional family member add \$5,140