**Hennepin County Burial Assistance Application**

The enclosed Application for Burial Assistance must be completed and returned to Hennepin County within **14 days of notification of the next of kin-see exception for Immediate Burials**. The application should be completed by the closest living relative or legal representative. Under current policy the total amount of burial expenses cannot exceed $5000. **The $5000 limit only applies to certain charges**. Please ask the funeral home for costs related to eligible charges. Additionally the $5000 must cover any costs associated with weekend burials. **If the total cost of the burial/funeral expenses exceeds $5000 Hennepin County cannot approve your application. Families may contribute up to $2000 with upgraded services.** Please refer to the Burial Assistance brochure for information on what expenses are allowable. The maximum amount of burial assistance Hennepin County may contribute is not to exceed $3,000. **Hennepin County does not reimburse for payments already made for funeral or burial expenses.**

You will be asked to provide verification of the income and assets of the decedent, spouse and/or other responsible relatives. Verification must be received within 30 days of the date of application and must be verified as of the date of death.



You may return your completed, signed application by:

1. **FAXING:** Fax completed applications to **612-632-8493**
2. **MAILING**: Mail completed application to:
3. **Emailing:** Burial@hennepin.us

### Hennepin County Human Services Department Burial Assistance, PO BOX 17208

### Minneapolis, MN 55417

# If you have questions about the process, please contact a Burial Assistance Specialist

**at 612-348-7984 or by email Burial@Hennepin.us.**

**Hennepin County Application for Burial Assistance**

## Information about the deceased person:

### Name of Deceased:

First Middle Last

1. Date of Birth: Date of Death:
2. Social Security Number:
3. Last known address:

City State Zip

1. Marital Status (Circle One): Single Married Separated Divorced Widowed

If married, name of spouse:

1. Was the deceased or spouse of the deceased a Veteran? Yes No Unknown If yes, complete the following if known:

Branch: \_Type of Discharge: Claim #:

1. Did this person die as a result of a crime committed against them? Yes No
2. Was the deceased a member of a Native American Tribe? Yes No Unknown
3. Was the deceased on any type of Public Assistance? Yes No Unknown If yes, Case Number:
4. Did the deceased have a prepaid burial or cemetery lot prior to death? Yes No Unknown
5. Mortuary handling funeral arrangements:

Phone #:

1. Cemetery where the deceased will be/is buried:

Phone #:

## Assets

This section pertains to assets and available resources. We must have information about assets of the decedent/spouse and or other responsible relatives.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Owner** | **Value at date of death** | **Financial Institution and account # if applicable** |
| **Cash** |  |  |  |  |  |
| **Bank Accounts** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Stock Bonds, CDs,** |  |  |  |  |  |
| **Trust Fund** |  |  |  |  |  |
| **Real Property**  **Homesteaded Y/ N** |  |  |  |  |  |
| **Vehicles** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Life Insurance**  **& Annuities** |  |  |  |  |  |
| **Livestock, Farm Equipment, Machinery** |  |  |  |  |  |
| **Other property, including boats, Recreational vehicles, vacation or rental property** |  |  |  |  |  |

### All assets will need to be verified as of the individual’s date of death. If the deceased was on public assistance in Hennepin County, we may be able to assist you in obtaining those verifications. If there is not adequate space to list all assets in a category please list on a separate attachment.

# Household Income

In order to determine eligibility for burial assistance, information is needed on the income of the decedent, spouse and/or other responsible relatives. **If you are not the spouse or other responsible relative please complete this section as it pertains to the decedent only.**

### Decedent’s Income Source: If the decedent was employed, Employer contact information:

Name of spouse or other responsible relative

SSN:

DOB:

Number of dependents: \_

(Please note that a dependent is a spouse without an income of their own OR a child under the age of 18 who was a member of the decedent’s household)

If you are the spouse or surviving responsible relative, please complete the following: Employer: Phone Number:

### Please provide copies of check stubs for the last 30 days.

If you are not employed please provide a statement/explanation of how you meet your monthly living expenses. Please include information on other sources of income such as social security, pension, rental income, child support, etc.

Source of Income Monthly Amt

How much do you pay for monthly medical expenses not covered by insurance?

Do you pay court ordered support? If yes, monthly amount?

### Medical insurance payments, uncovered medical expenses and child support are considered allowable deductions from your income.

**RIGHTS AND RESPONSIBILITIES**

Please read the following statements. If you do not understand a statement, please ask that it be explained to you. Sign below to indicate that you have read and understood the statements:

* + I declare, under any applicable penalties of criminal liability provided in the laws of the State of Minnesota, which all statements contained in this application, to the best of my knowledge and belief, are true, correct and complete.
  + I understand that if I knowingly provide false information on this application, I may be subject to prosecution for fraud and legal action may be initiated to recover any burial expenses paid by Hennepin County.
  + I agree to notify Hennepin County Burial Assistance if any resources not listed in this application are located after I have completed this form. I understand that all resources of the deceased must be made available to Hennepin County Burial Assistance in determining program eligibility.

* + I allow Hennepin County Burial Assistance staff to exchange information with the funeral director to determine eligibility for Burial Assistance.

### Signature Date:

**Information about person completing application:** (please print)

Name: Relationship to Deceased: Address: City State Zip Phone numbers:

Email Address:

Home: Cell Work Fax

If person filling out the form is not Legal Next of Kin please list legal next of kin below:

Name:

Phone #:

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