

Kathryn Egbert
Community Services Administrator

Phone: 641-774-0423
Appointment: _____

TO BE CERTIFIED FOR GENERAL ASSISTANCE WITH FUNERAL EXPENSES ALL OF THE FOLLOWING INFORMATION SHALL BE PROVIDED:

PLEASE READ THIS DOCUMENT CAREFULLY. **FAILURE TO PROVIDE THE REQUIRED INFORMATION MAY RESULT IN DELAY OR DENIAL OF ASSISTANCE.** THIS DOCUMENT IS FOR BURIAL ASSISTANCE ONLY. IF YOU ARE SEEKING ASSISTANCE WITH RENT OR UTILITY BILLS REQUEST THAT FORM.

Please answer all the questions on the application. If a question does not apply to the situation please write "none". The information needed for this application refers ONLY to the deceased and members of their household. Other information may be requested at a later time but for now only the deceased's information is required. When you have completed the application and have all of the supporting documents together call the number at the top of the page for an interview. This application plus supporting documentation shall be required to complete the interview. If you forget any items the interview may be rescheduled for a later date.

1. Verification of address - lease, utility bill, or bank statement
2. Verification of all adults living in the home of the deceased, including those for the deceased. Social Security cards work best
3. All income received by any household member, including wage slips received in the last 30 days, Social Security Benefits, any letter regarding unemployment compensation, pensions, GI Bill, loans, fellowships, grants, gifts, loan insurance benefits, money received from friends or relatives. All moneys received for the current school year, either monthly or lump sum must be verified. If the person farms you will need to bring the last years income tax return.
4. Liquid resources – Check book and last bank statements, savings accounts (passbook or last bank statement received with deposit and withdrawal slips since the date of the bank statement, stocks, bonds, time certificates or anything else readily converted to cash.
5. Non-liquid resources – real property, cars, trucks, boats, aircrafts, motorcycles, snowmobiles, and campers. This includes the home the deceased was living in. Along with the value of these you must also bring the amount of debt owed.
6. Self-employment or farmer – previous year's income tax return and current monthly cash records and receipts from the business.
7. Shelter expenses – rent or mortgage payments and homeowners insurance policy, taxes and phone bill paid in the current month. Bring any utility bills paid or received within the last 30 days.
8. Other expenses – medical health insurance, dental bills, eye glasses, hearing aids, charge accounts, loans, care payments and repairs. If paid in the last 30 days bring receipt. If not paid bring in current bill.

FAILURE TO BRING NEEDED VERIFICATION WILL DELAY YOUR GENERAL ASSISTANCE. YOUR COOPERATION IS APPRECIATED.

LUCAS COUNTY BURIAL ASSISTANCE APPLICATION

NAME OF DECEASED _____

SPOUSE _____

ADDRESS _____

TELEPHONE _____ ARE YOU A VETERAN? _____

SOCIAL SECURITY NUMBER OF DECEASED _____

HOUSEHOLD MEMBERS	DOB	AGE	SOCIAL SECURITY #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD EXPENSES:

HEAT \$ _____ ELECTRIC \$ _____ WATER \$ _____

PHONE \$ _____ RENT/MORTGAGE \$ _____

MEDICAL EXPENSES:

INSURANCE \$ _____ DOCTOR \$ _____ HOSPITAL \$ _____

PRESCRIPTIONS \$ _____

HOUSEHOLD INCOME:

DECEASED \$ _____

OTHER HOUSEHOLD MEMBERS \$ _____

CASH ON HAND \$ _____

CHECKING AMOUNT \$ _____ BANK LOCATION _____

SAVINGS AMOUNT \$ _____ BANK LOCATION _____

TRUST FUND AMOUNT \$ _____ BANK LOCATION _____

In order to verify the situation, I will be contacting the following agencies and individuals.
Please fill out the names and addresses where necessary.

Funeral Home: _____

Veterans Affairs: _____

I authorize the above individuals/agencies to release confidential information as listed above to
Lucas County Community Services / General Assistance.

I also do hereby release and discharge the above individuals/agencies and Community Services
Administrator and General Assistance Director from any liability for divulging such information
regardless of confidentiality status. A photocopy of this form shall be considered as acceptable
as the original. This release expires 1 year from the date of signature unless otherwise specified
by applicant. This release may be terminated at any time by sending a statement of
termination to the Community Services Administrator / General Assistance Director. This
termination would accept any action already taken prior to it's receipt by the Community
services/General Assistance office.

SIGNATURE OF APPLICANT _____

Date: _____

PLEASE READ CAREFULLY

I understand I assume full responsibility for the accuracy of the statements on this form and I understand that Lucas County Community Services/General Assistance will use these statements to determine eligibility for the services requested.

I am aware that Iowa laws provides anyone who obtains, or attempts to obtain, who aids or abets any person to obtain public assistance to which he or she is not entitled is guilty of violating the laws of the State of Iowa. This includes, but is not limited to: Chapter 239, 249, 249A, and 252 of the Code of Iowa.

I understand that the Code of Iowa provides that "Any county having expended any money for the assistance or support of a poor person, under the provisions of this chapter, may recover the same from any of his kindred mentioned herein, from such poor person should they become able, or from his/her estate, from relatives by action brought within two years after becoming able, and from such person's estate by filing the claim as provided by law" (252.13)

Signature of Applicant

Date

I agree that if I own, or ever do own real property (meaning a house and/or land), a lien will be placed on that property equal to the amount of money I have received from Community Services/General assistance. This means that if my property is ever sold, this amount will be paid to the County from the sale of that property, but that the County cannot order me to sell that property to pay my debt. Real property that I own is described below:

Address _____

Legal Description

Owner _____ Co-owner _____

Signature _____