

**BUENA VISTA COUNTY
GENERAL ASSISTANCE APPLICATION
(FOR BURIAL)**

Name of Individual Completing This Application Phone Number

Name (Deceased) Phone Number

Current Street Address City/Town/Zip

How many years? _____ Did they rent or own? _____

If less than one year, what was their previous address?

Street Address City/Town/Zip

GENERAL ASSISTANCE GRANTED MUST BE REPAID (by surviving spouse or adult children if applicable) to Buena Vista County by actual reimbursement to Buena Vista County:

Was this individual a citizen of the United States (or a legal alien)? ____ Yes / ____ No
Was this individual or any member of the household a veteran? ____ Yes / ____ No

Individually list surviving spouse and adult children. Also, list all monthly income for each person and the source of that income. Sources include but are not limited to earned income (job), FIP, Child Support, Social Security, Veterans Pension, Work Comp., Disability, Unemployment, IPERS, Retirement Pension, and Army Reserves income.

<u>Name</u>	<u>Birth Date</u>	<u>Soc. Sec. #</u>	<u>Source of Income</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did the Individual or does any survivor have any of the following?

	Value/Amount		Value/Amount
Cash On Hand:	_____	Property Contracts:	_____
Checking Account:	_____	Trust Fund:	_____
Savings Account:	_____	Burial Lots:	_____
		Life Insurance:	_____
Motor Vehicles:	_____	Recreational Vehicle:	_____
Year & Make:		Year & Make:	

List the amount spent monthly by the surviving spouse for the following:

	Monthly Amount		
Rent:	\$ _____	Including Utilities? Yes/No	_____
		Which Utilities?	_____
Electric	\$ _____		
Gas	\$ _____	Natural or Propane?	_____
Water/Sewer	\$ _____	Per Month or quarterly?	_____
Outstanding Expenses (Meds, Credit Cards, Doctor Bills, Car Payments, etc.):		Amount	
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____

**IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING:
CERTIFICATION STATEMENT**

I assume full responsibility for the accuracy of the statements made on this application and for any statement made during the application process. I understand that these statements will be used to determine my eligibility for General Assistance and may be investigated and verified (your signature will authorize this). I understand that information obtained on this application may be verified through other agencies as necessary.

I understand that all General Assistance granted must be repaid.

I understand that I must notify the General Assistance Director of any change in my financial situation.

I understand that if any of the information given on this application or given during the application process is false, I may be prosecuted and/or suspended from future General Assistance.

Signature

Date of Application