

**MUNICIPAL BURIAL ASSISTANCE
FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCE**

I. PERSONAL INFORMATION				
Name:		SSN:		D.O.B.
Mailing Address:	City:	State:	Zip:	Phone:
Relationship to Decedent:			Message Phone (within 48 hours):	
II. OTHER PERSONS LIVING IN HOUSEHOLD				
Name:	Age:	Relationship:		
Name:	Age:	Relationship:		
III. MONTHLY INCOME/EMPLOYMENT INFORMATION				
TYPE OF INCOME	SELF	SPOUSE	HOUSEHOLD MEMBER	TOTAL
EMPLOYMENT (GROSS)				
UNEMPLOYMENT				
WORKER'S COMPENSATION				
PENSION				
SOCIAL SECURITY				
CHILD SUPPORT				
A.D.C.				
DISABILITY				
FOOD STAMPS				
OTHER				
Employer's Names			Subtotal A	\$
Address:				Phone:
IV. ALLOWABLE MONTHLY EXPENSES		V. TOTAL INCOME		

TYPE OF EXPENSE	AMOUNT
Child Support Paid Out	
Child Care (if working Only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated costs for caring for Infirm Family Members	
SUBTOTAL B	\$

Total Monthly Income (A)
Minus Total Allowable Expenses (B)
Equal Total Income (C)

SUBTOTAL A

SUBTOTAL B

GRAND TOTAL C

Name of Deceased:		Date of Birth:	
Address:		Date of Death:	
City:	State:	Zip Code:	SSN:

Place of Death:
Who claimed the body?
Who made funeral arrangements?
When was the deceased cremated?

An inmate in a penal institution?	_____	Yes	_____	No
An inmate in a benevolent/charitable institution?	_____	Yes	_____	No
Delivered for medical research dissection?	_____	Yes	_____	No
Delivered for medical study (R.C. 1713.31)?	_____	Yes	_____	No

Was the deceased employed? ___ Yes ___ No
 If yes, where? _____

Did the deceased receive any type of retirement or disability benefits? ___ Yes ___ No
 If yes, what type? _____

Did the deceased have any bank accounts? ___ Yes ___ No
 If yes, what type and location? _____

Did the deceased own any personal property at death? ___ Yes ___ No
 If yes, what kind and value? _____

Did the deceased own any real estate at death? ___ Yes ___ No
 If yes, its location? _____

Did the deceased have any life insurance? ___ Yes ___ No
 If yes, with what company? _____

The undersigned states that the above information is true to the best of his/her knowledge. The undersigned further acknowledges that supplying false information on this document can lead to prosecution for the crime of falsification, which is classified as a first degree misdemeanor and punishable by a fine up to \$1,000 and six (6) months in jail.

Relationship to Deceased _____ Address _____ City _____
State _____ Zip Code _____ Telephone _____

<div style="display: flex; justify-content: space-between;"> Law Director Date </div>	<div style="display: flex; justify-content: space-between;"> Finance Director Date </div>
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VI. ASSET INFORMATION		
TYPE OF ASSET	DESCRIPTION/LENGTH OF OWNERSHIP	ESTIMATED VALUE
Real Estate/Home		
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct.(Bank Acct.#)		
Savings Acct.(Bank Acct.#)		
Credit Union(Name/Acct.#)		
GRAND TOTAL D		\$

VII. MONTHLY LIABILITIES, OTHER EXPENSES		GRAND TOTALS	
TYPE OF LIABILITY	AMOUNT		
Rent/Mortgage		Total Monthly Income	Grand Total C
Food			
Electric			
Gas		Total Assets	Grand Total D
Fuel			
Telephone			
Cable		Total Monthly Liabilities/ Other Expenses	Grand Total E
Water/Sewer/Trash			
Credit Cards			
Loans			
Taxes Owed			
Other			
GRAND TOTAL E			

VII. AFFIDAVIT OF INDIGENCE	
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I am providing the preceding financial statement for purposes of obtaining funeral expenses pursuant to O.R.C. 5101.152. I understand a public official will rely on this financial statement.

1. I am financially unable to pay funeral expenses without substantial hardship to me or my family.
2. I understand that if it is determined by the City that funeral expenses were provided to me for which I am not entitled, I may be required to reimburse the City.
3. I understand that I am subject to criminal charges for providing false financial information in connection with the above application.
4. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Applicant Signature Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above-named applicant this ____ day of _____, 20__, in Shelby, County of Richland, State of Ohio.

Notary's Signature

ACCEPTED:

Finance Director Date