

**HUMAN RESOURCES ADMINISTRATION
OFFICE OF CONSTITUENT AND COMMUNITY AFFAIRS
BURIAL CLAIMS UNIT
25 Chapel Street, 6th Floor
BROOKLYN, NEW YORK 11201
Phone:(718)473-8310; Fax: (718) 473-8292**

BURIAL CLAIMS APPLICATION PROCESS

Background:

The Human Resources Administration (HRA) will provide financial assistance to individuals in need of assistance to meet funeral expenses. These funds are available when an indigent resident of New York City dies who may have been in receipt of SSI, PA or no public benefits at all, without leaving funds to cover their burial expenses and there are no relatives or friends willing or able to pay the funeral expenses.

What can be covered:

- HRA will pay up to \$900 towards a funeral which costs no more than \$1,700. The cost of cremation or grave and grave opening charges are excluded, however, the cost of burying the remains (ashes), after cremation is not excludable in calculating the \$1,700 limitation. If the total funeral bill exceeds the amount of \$1,700, HRA will make no payment.
- Any asset (whether or not previously assigned to HRA), that was available to the deceased or any amount that a legally responsible relative (spouse or parent of a minor child) may have on the date of death is deemed able to pay, and any amount paid or to be paid by any other source, will be subtracted from the \$900 payment, if the claim is determined eligible for payment. Any assets or resources left by the decedent on the date of death will be subtracted from the \$900, if the case is otherwise determined to be eligible.

To apply:

The individual who makes the funeral arrangements or his/her representative must file an application within 60 days from the date of death in person at our office located at 25 Chapel Street, 6th Floor in Brooklyn. That individual should bring any documentation to the initial interview and may submit the remainder of documentation needed by US Mail.

Required documentation:

1. A Burial Application Form completed and signed by the applicant.
2. One original certified copy of the Death Certificate (it will be returned to the applicant.)
3. A copy of the Funeral Contract also known as the Statement of Goods and Services Selected. The contract must be signed by the funeral director and by the party who made the funeral arrangements. The required sequential invoice number must appear on the document.
4. A copy of the cemetery or crematory bill, itemizing all charges.
5. Two original itemized funeral bills signed by the Funeral Director and notarized in the presence of a Notary Public. The funeral bills must be stamped "Paid-in-Full" if the charges have been paid.
6. Two original fully completed Funeral Director's Affidavit Forms signed by the Funeral Director and notarized in the presence of a Notary Public, if there is money still owed to the funeral establishment.
7. Information and documentation regarding the decedent's available assets/ income as of the date of death, and those of the applicant (if the applicant is a legally responsible relative) is required on each case.
8. The Agency may request any other documentation which can be necessary to make an eligibility determination based upon the particular facts and circumstances of each case.

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BROOKLYN, NY 11201
(718) 473-8310**

APPLICATION FOR BURIAL ALLOWANCE

Application must be made within 60 days of death. All documentation must be submitted within 60 days of application.

BURIAL CLAIMS # _____

Date: _____

1) Name of deceased: _____

Address of deceased: _____

Date of death: _____

2) Cause of death: _____

Place of death: _____

Is there any legal action because of the death? Yes No *If yes, give details* _____

3) BURIAL EXPENSES

Total cost of burial: \$ _____ Payment to date: \$ _____

Paid By: _____ Address: _____

Name of Funeral Home: _____ Funeral Firm Tax I.D. # _____

4) APPLICANT FOR BURIAL ALLOWANCE

Relative Friend Organizational Friend

Name: _____ Address: _____

Relationship: _____ Telephone: _____

E-mail: _____ City, State and Zip Code _____

5) SURVIVORS Is the deceased survived by a *legally responsible relative*? (If yes, give name and address)

Wife Yes No Name: _____

Address: _____

Husband Yes No Name: _____

Parent of a child listed above:

Address: _____

5) VETERANS STATUS

Was the deceased a Veteran? Yes No

Was the deceased a spouse or minor child of a veteran? Yes No

7) **ESTATE**

Did the deceased have a will? Yes No Did the deceased leave an estate? Yes No

If yes, give details:

8) **ASSETS**

Did the deceased have any of the following assets at the time of death? If yes, give details.

Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Union Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Societies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

9) **HISTORY**

Describe how the deceased supported him/herself: _____

Was the deceased employed at the time of death? Yes No

Name of employer _____

Address: _____

Type of work: _____

Did the deceased receive any assistance from the Family Independence or Social Security Administration?

Yes No If yes, indicate category and case number: PA MA FS SSI: _____

Was the deceased in receipt of Social Security? Yes Monthly Amount\$ _____ No

List any other information regarding the deceased, parents of a deceased minor child or deceased spouse's assets, resources, income here.

The undersigned authorizes the Commissioner of the Human Resources Administration or his/her authorized representative to make all inquiries necessary in relation to this application and gives his/her full permission to have any or all of the information in this application verified.

Your signature _____ Relation to Deceased: _____

Signature of Applicant: _____ Date: _____

STATE AND CITY OF NEW YORK
COUNTY OF _____

Sworn to before me this _____ day of _____, 20__

Notary Public or Commissioner of Deeds
(Notarization is not required if applicant is receiving assistance)