



Burial Claims Unit
25 Chapel Street - 6th Floor
Brooklyn, NY 11201-1954
(718) 473-8310

Date: _____
Decedent: _____
D/O/D: _____
Burial Claim Number: _____

Application For Burial Allowance

NOTE: Application must be completed and submitted within 60 days of death of the individual for whom a burial allowance grant is sought.

1. Decedent's Information

Name of deceased: _____
Last address of deceased: _____
Date of Birth: _____ Date of Death: _____ Place of Death: _____
Cause of Death: _____
Is there any legal action because of the death? No Yes If yes, please provide details: _____

2. Funeral Expense: \$ _____

Burial Expenses: Grave Opening: \$ _____ Cremation: \$ _____
Paid by: _____ Total cost of Burial: \$ _____ Payment to date: \$ _____
Name of Funeral Home: _____ Address: _____

3. Applicant Status for Burial Allowance

Relative Friend Organizational Friend

Name: _____ Relationship: _____
Address: _____ Telephone: _____

4. Survivors

Is the deceased survived by: Legally-Responsible Relative (LRR)? No Yes
If yes, provide name(s), address and Date of Birth (D.O.B) of: Spouse Parent

D.O.B: _____ Name: _____
Address: _____
D.O.B: _____ Name: _____
Address: _____

Does any LRR receive any public benefits from the Family Independence or Social Security Administration?
 No Yes If Yes, indicate category and case number: CA MA FS SSI: _____

Spouse? No Yes (If yes, provide name, address and D.O.B) D.O.B: _____
Name: _____ Address: _____

Parent of a child listed above? No Yes (If yes, provide name, address and D.O.B) D.O.B: _____
Name: _____ Address: _____

Application For Burial Allowance (continued)

5. Veterans Status		
Was the deceased a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, did the Veteran receive any Veteran's benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how much: \$ _____		
Was the deceased a spouse or minor child of a veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes		
6. Estate		
Did the deceased have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes	Did the deceased leave an estate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please provide details: _____ _____		
7. Assets		
Did the deceased have any of the following assets at the time of death? (If Yes, please provide value amount)		
Cash <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Bank Accounts <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Insurance/Policies <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Real Property <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Union Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Burial Trust <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Pension <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Automobile <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Other <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
8. History		
Describe how the deceased supported him/herself: _____		
Was the deceased employed at the time of death? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please provide details below)		
Name of Employer: _____		
Address: _____		
Type of work: _____		
Did the deceased receive any assistance from the Human Resources Administration or Social Security Administration? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate category and case number: <input type="checkbox"/> CA <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> SSI: _____		
Was the deceased in receipt of Social Security? <input type="checkbox"/> No <input type="checkbox"/> Yes, monthly amount \$ _____		

The undersigned, authorizes the Commissioner of the City of New York Human Resources Administration/ Department of Social Services 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.

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 required only if application is submitted by an authorized representative.)

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 Supplement Security Income (SSI), Cash Assistance (CA), or leaves no funds to cover his or her burial expenses, and there are no Legally-Responsible Relatives (LRR) able to pay the funeral expenses.

What can be covered:

- HRA will pay up to \$900 towards burial expenses, but total burial expenses must be no more than \$1,700. The cost of cremation or grave and grave opening charges are excluded, however, the cost of burying the ashes, after cremation is not excludable in calculating the \$1,700 total cost. 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 LRR (e.g., a spouse or parent of a minor child) may have had on the Date of Death (DOD) is deemed available, 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 claim 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 DOD, in person, at our office located at 25 Chapel Street (6th Floor) Brooklyn. That individual should bring in 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. Original itemized funeral bills signed by the Funeral Director and notarized in the presence of a Notary Public. The funeral bill must be stamped "Paid-in-Full" if the charges have been paid.
6. 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 DOD, and those of the applicant (if the applicant is an LRR) is required on each case.
8. The Agency may request any other documentation which may be necessary to make an eligibility determination based upon the particular facts and circumstances of each case.