Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, New York 11101
Telephone Number: 929-252-7731

Today's Date: _____

Burial Claim Number: _____

Application for Burial Allowance

A. Information about the decedent (person who died):

Name of decedent: _____
(Last Name, First Name)

Last known address of decedent: _____

_____

How long did the decedent live there? _____

Was the decedent in a NYC homeless shelter? ☐ No ☐ Yes

Date of Birth: _____ Date of Death: _____

Social Security Number (if known): _____

Cause of Death (if known): _____

Place of Death (Hospital, Home, other if known): _____

Has the decedent been buried? ☐ No ☐ Yes

Has the decedent been cremated? ☐ No ☐ Yes

Was the decedent married? ☐ No ☐ Yes

If Yes, provide name, address and telephone number of spouse:

_____

_____

Was the decedent under the age of twenty-one (21)? ☐ No ☐ Yes

If Yes, provide name, address and telephone number of parent(s) or legal guardian:

_____

_____

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Application for Burial Allowance *(continued)*

B. Decedent Veteran's Status:

Was the decedent a veteran? ☐ No ☐ Yes

Branch of Service, if known (Army, Navy, etc.): _____

Was the decedent a spouse of a Veteran? ☐ No ☐ Yes

Was the decedent a minor child of a Veteran? ☐ No ☐ Yes

Have Veteran burial or death benefits been paid by any government agency? ☐ No ☐ Yes

If Yes, how much (provide details):

_____

_____

Did the decedent receive any Veteran's benefits? ☐ No ☐ Yes

If Yes, how much (provide details):

_____

_____

C. Decedent Financial History

Describe how the decedent was financially supported: _____

_____

Was the decedent employed at the time of death? ☐ No ☐ Yes (If Yes, please provide details)

_____

_____

Name of Employer: _____

Address:

_____

_____

Telephone: _____

Type of employment: _____

Were employer death benefits paid? ☐ No ☐ Yes (If Yes, please provide details)

_____

_____

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Application for Burial Allowance *(continued)*

C. Decedent Financial History (continued)

Did the decedent receive any assistance from HRA? ☐ No ☐ Yes

If Yes, Case Number (if known) _____

Check all that apply: ☐ Cash Assistance ☐ Medicaid/MA

☐ Supplemental Nutrition Assistance Program SNAP (food stamps)

☐ Other _____

Did the decedent receive Social Security Administration Benefits? ☐ No ☐ Yes

If Yes, check all that apply:

☐ Supplemental Security Income (SSI) Amount: $_____

☐ Social Security Disability (SSD) Amount: $_____

☐ Social Security Old Age, Survivors, and Disability Insurance (OASDI) Amount: $ _____

D. Decedent Estate Information

Did the decedent have a will? ☐ No ☐ Yes

Does the decedent have an estate? ☐ No ☐ Yes

If Yes, name and contact information of the individual responsible for the will or estate

_____

_____

_____

Is there any court case concerning the decedent? ☐ No ☐ Yes

If Yes, please provide details: County, Court, File Number, Name and Contact information of Estate Representative or Attorney involved _____

_____

_____

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Application for Burial Allowance *(continued)*

E. Decedent's Assets or Personal Property

If the decedent had any assets or personal property at the time of death, please check all that apply and provide the value or amount if known:

Cash	☐ No ☐ Yes $ _____	Vehicle(s)	☐ No ☐ Yes $ _____
Real Property	☐ No ☐ Yes $ _____	Insurance/ Policies	☐ No ☐ Yes $ _____
Pension	☐ No ☐ Yes $ _____	Burial Trust/ Prepaid Burial Fund	☐ No ☐ Yes $ _____
Bank Accounts	☐ No ☐ Yes $ _____	Stocks, Investment Accounts	☐ No ☐ Yes $ _____
Union Benefits	☐ No ☐ Yes $ _____	Other, pending lawsuit or settlement	☐ No ☐ Yes $ _____

Does the Public Administrator have any of the decedent's property or assets? ☐ No ☐ Yes

If Yes, please provide the details, value or amount if known and contact information for the Public Administrator: _____

_____

_____

You may be required to provide additional information about the decedent's assets. Please use the space below for additional details about the location of the assets or personal property:

_____

_____

_____

_____

(Turn page)

Application for Burial Allowance *(continued)*

F. Applicant Information

☐ Relative ☐ Friend ☐ Organizational Friend ☐ Authorized Representative

Name: _____
(Last Name, First Name)

What is your relationship to the decedent? _____

Address: _____

Telephone: _____ Email: _____

G. Legally Responsible Relative Information

IMPORTANT: A legally responsible relative (LRR) is a person who is legally married to the decedent or the parent or legal guardian of a decedent who is under the age of 21 twenty-one and lived in the same household with the decedent at the time of death.

Are you a legally responsible relative? ☐ No ☐ Yes

If No, **Skip the questions below and go to section H.**

If Yes, please complete the questions below and on the following page.

☐ I am a Spouse of the decedent **(OR)**

☐ I am a parent or legal guardian of decedent under age twenty-one (21).

Are you financially able to pay for the funeral costs? ☐ No ☐ Yes

If Yes, **Skip the questions below and go to section H.**

If No, please complete the following:

Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

_____

Telephone: _____ Email: _____

(Turn page)

Application for Burial Allowance *(continued)*

G. Legally Responsible Relative Information (continued)

Do you receive any assistance from HRA? ☐ No ☐ Yes

If Yes, Case Number (if known) _____

Check all that apply: ☐ Cash Assistance ☐ Medicaid/MA

☐ Supplemental Nutrition Assistance Program SNAP (food stamps)

☐ Other _____

Are you receiving Social Security Administration Benefits? ☐ No ☐ Yes

If Yes, check all that apply:

☐ Supplemental Security Income (SSI) Amount: $_____

☐ Social Security Disability (SSD) Amount: $_____

☐ Social Security Old Age, Survivors, and Disability Insurance (OASDI) Amount: $ _____

H. Information about funeral costs (burial, cremation or other funeral costs):

Have the funeral costs been paid? ☐ No ☐ Yes

If No, have funeral arrangements been made for the decedent? ☐ No ☐ Yes

For paid funeral costs, did the applicant pay ☐ No ☐ Yes

If No, and someone else paid the funeral costs, provide the name, address and telephone of the person(s) that paid the bill:

Name:

_____
(Last Name, First Name)

Address:

_____

Telephone Number:

_____

(Turn page)

Application for Burial Allowance *(continued)*

H. Information about funeral costs (burial, cremation or other funeral costs) (continued):

Name of Funeral Home:

_____

Address and Telephone:

_____

Total Cost of Funeral Expenses: $ _____
(Total amount on the bill or contract)

Specify the cost of the following:
Cremation: $_____ Burial Plot: $_____ Grave Opening: $_____

The person signing this form authorizes the Commissioner of the New York City Department of Social Services or his/her authorized representative to make all inquiries necessary in relation to this application and gives them full permission to have any or all of the information in this application verified.

_____
Applicant (Print Name)

_____ _____
Applicant (Signature) Date

_____
Authorized Representative (Print Name)

_____ _____
Authorized Representative (Signature) Date

(Turn page)

Application for Burial Allowance *(continued)*

FOR AUTHORIZED REPRESENTATIVES ONLY

If you are not the applicant and you are authorized to complete this application for the applicant you must sign this form in front of a Notary Public or Commissioner of Deeds.

State of _____

County of _____

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

_____

Notary Public or Commissioner of Deeds

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.