

How To:



USER GUIDE

How to Create an Account

NYC OBS Applicant Portal — Burial Allowance Insurance Tracking System (BAITS)

Version 1.0 | July 2026

Table of Contents

Purpose of This Document

This guide explains how to create an account on the NYC OBS Applicant Portal.

All fields marked with a red asterisk (*) are required.

Step 1 — Accessing the Registration Form

Go to the registration page using the link provided to you. You will see the Registration Form.

The screenshot shows a registration form titled "Sign Up for the NYC OBS Applicant Portal". Below the title, it says "Complete the information below and submit to create an account." followed by a red asterisk. The form contains four input fields arranged in a 2x2 grid. The top row has "First Name" and "Last Name" fields, both marked with a red asterisk. The bottom row has "Email" and "Phone e. g. (000) 000-0000" fields, both also marked with a red asterisk.

First Name	Last Name
Email	Phone e. g. (000) 000-0000

Step 2 — Enter Your Account Information

Fill out your information:

- **First Name*** — Enter your first name.
- **Last Name*** — Enter your last name.
- **Email*** — Enter a valid email address.
- **Phone*** — Provide a valid phone number in the format (000) 000-0000.

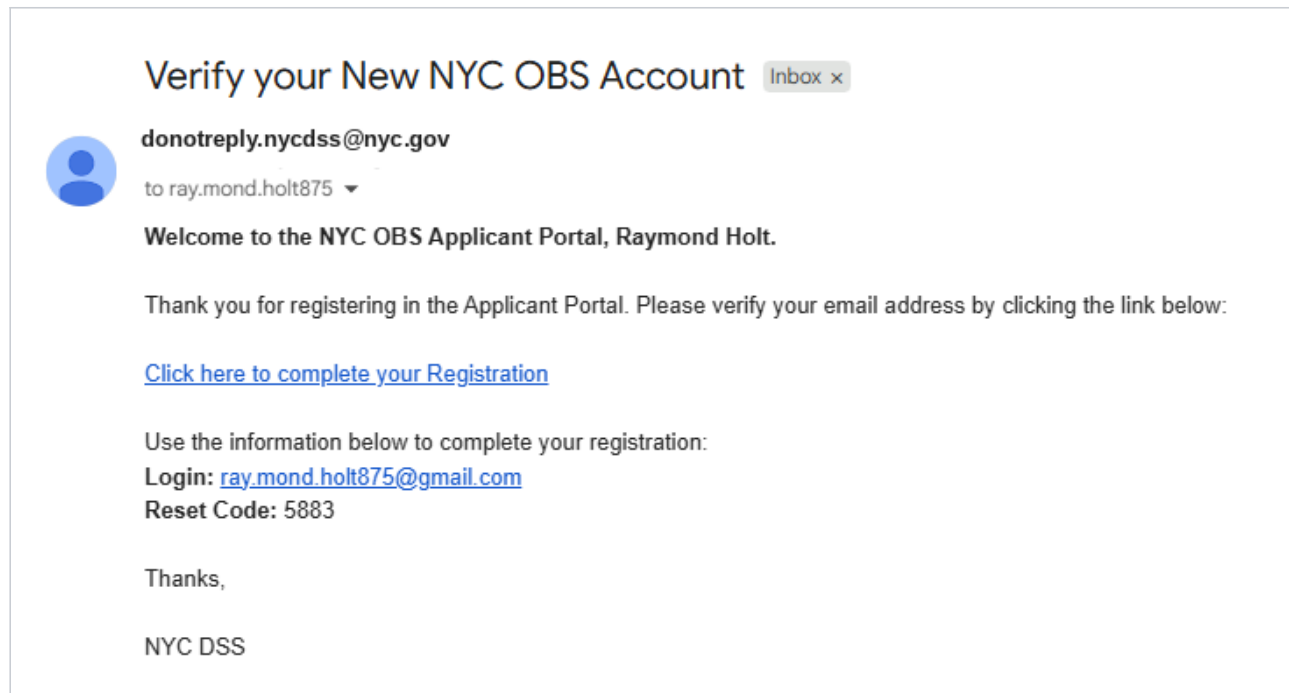
Step 3 — Submit the Form

- Click **Submit** to send your registration form.
- Click **Cancel** if you do not wish to continue.

Once your registration form is successfully submitted, you will see the following confirmation page:

Step 4 — Verify Your Registration

Page 4 of 7



Click the "Click here to complete your registration" link. You will be directed to the following page:



Change Password

The form contains four input fields: "Login", "Reset Code", "New Password", and "Confirm New Password". A central box labeled "Change Password" is connected by lines to each of these fields. Below the fields, a section titled "Password must include:" lists five requirements: "Include at least 8 characters", "Include at least one uppercase character", "Include at least one numeric character", "Include at least one special character", and "Must be different than last 3 passwords".

Login

Reset Code

New Password

Confirm New Password

Change Password

Password must include:

- Include at least 8 characters
- Include at least one uppercase character
- Include at least one numeric character
- Include at least one special character
- Must be different than last 3 passwords

Step 5 — Enter Your Account Details and Reset Code

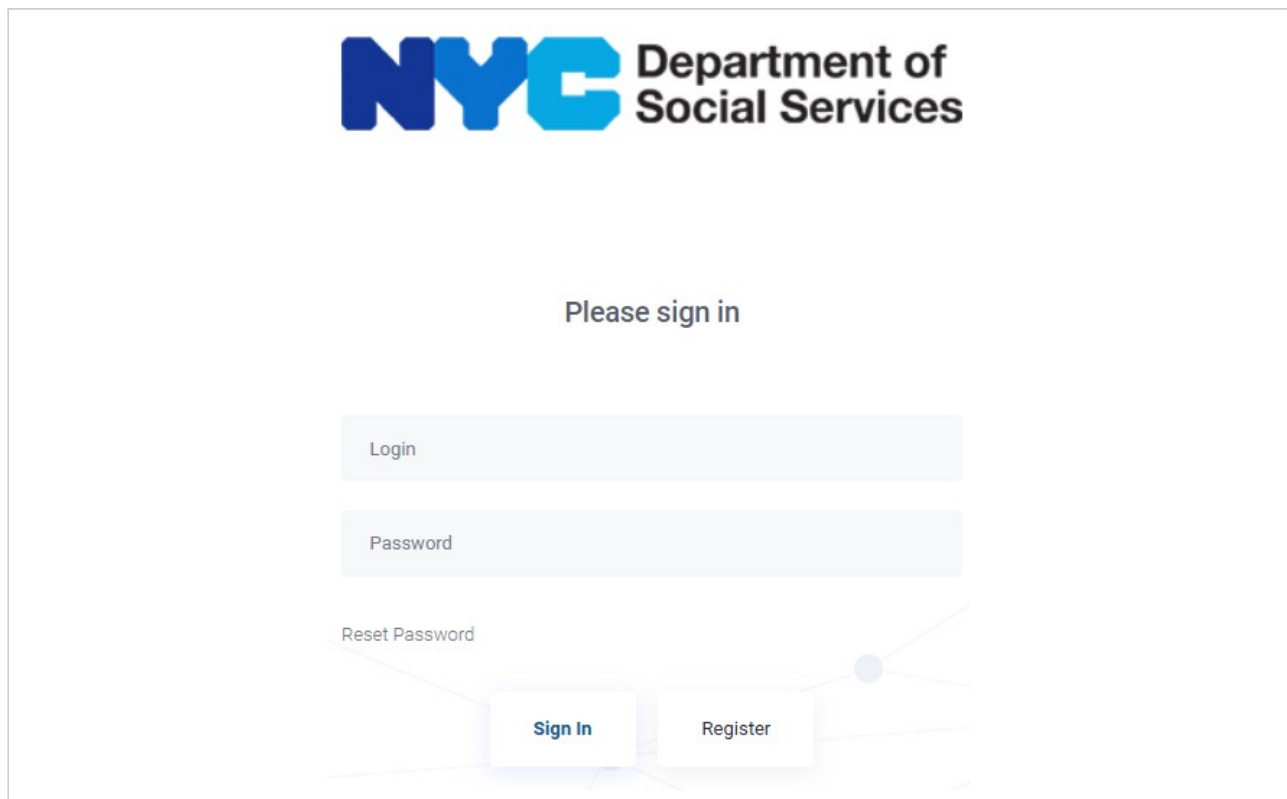
Fill in the Change Password fields:

- **Login*** — Enter the email address you used for registration.
- **Reset Code*** — Enter the one-time-use reset code from your account verification email.
- **New Password*** — Enter a password that meets the following criteria:

- Must be at least 8 characters
- Must include at least one uppercase character
- Must include at least one numeric character
- Must include at least one special character

- **Confirm New Password*** — Re-enter your new password.

If you successfully verify your account and change your password, you will be directed to the login page.

The screenshot shows the login interface for the NYC Department of Social Services. At the top, the logo features the letters 'NYC' in a stylized blue font, followed by the text 'Department of Social Services' in a black sans-serif font. Below the logo, the text 'Please sign in' is centered. There are two input fields: the first is labeled 'Login' and the second is labeled 'Password'. Below these fields is a link that says 'Reset Password'. At the bottom, there are two buttons: 'Sign In' and 'Register'. The 'Sign In' button is highlighted with a blue glow and a blue circle above it, which is connected by thin lines to the 'Reset Password' link and the 'Register' button.

Step 6 — Log In to Your Account

Log in using your account credentials:

- **Login*** — Enter the email address you used for registration.
- **Password*** — Enter the password you created in the previous step.

Click the **Sign In** button to log in to your account.

How To:



USER GUIDE

How to Complete the Pre-Screen Questionnaire

NYC OBS Applicant Portal — Burial Allowance Insurance Tracking System (BAITS)

Version 1.0 | July 2026

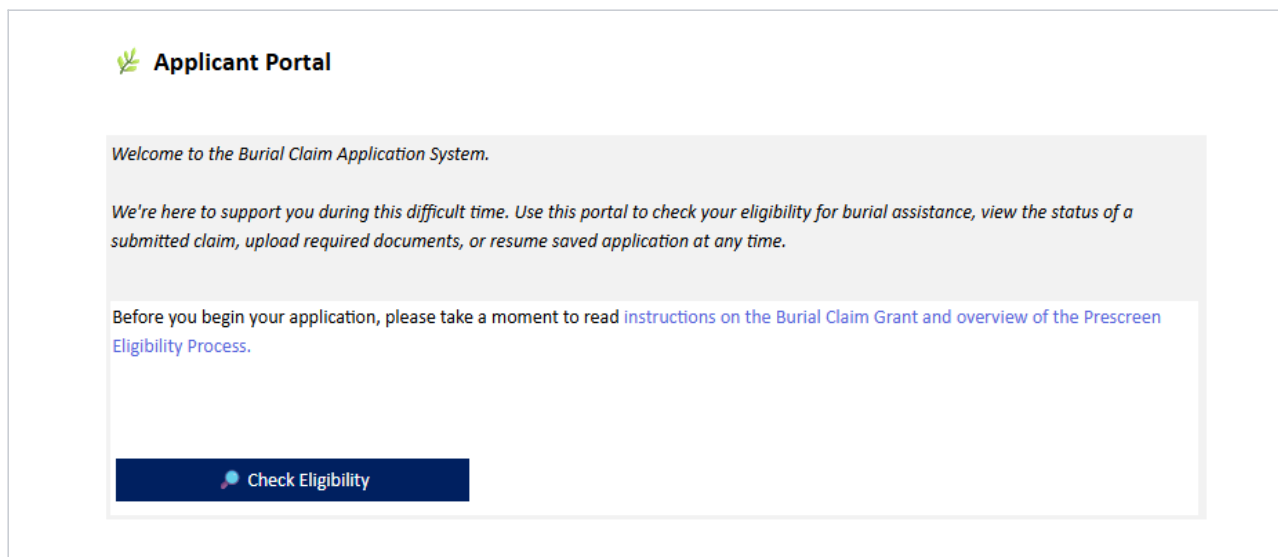
Table of Contents

Purpose of This Document

This guide shows how to access and complete the Pre-Screen Questionnaire.

Step 1 — Accessing the Pre-Screen Questionnaire

Log in to your account. After logging in successfully, you will see the Home Page:

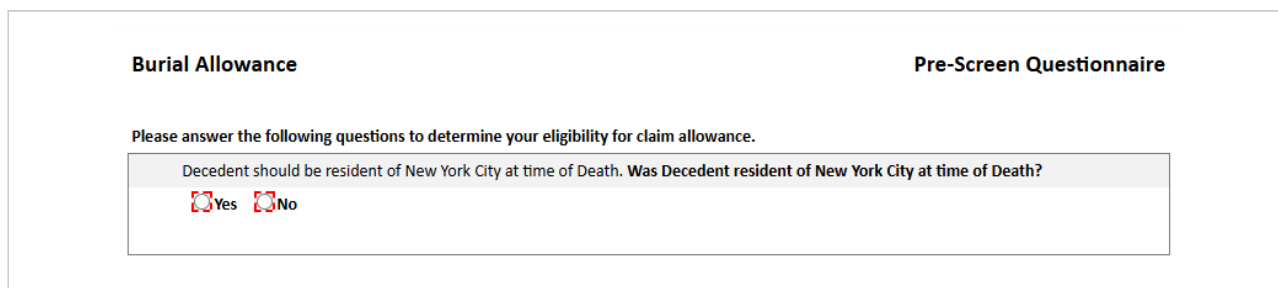


The screenshot shows the 'Applicant Portal' header with a green leaf icon. Below it is a welcome message: 'Welcome to the Burial Claim Application System. We're here to support you during this difficult time. Use this portal to check your eligibility for burial assistance, view the status of a submitted claim, upload required documents, or resume saved application at any time.' A link is provided: 'Before you begin your application, please take a moment to read [instructions on the Burial Claim Grant and overview of the Prescreen Eligibility Process](#).' At the bottom is a dark blue button with a magnifying glass icon and the text 'Check Eligibility'.

Click the **Check Eligibility** button. You will then be directed to the Pre-Screen Questionnaire.

Step 2 — Answer the Pre-Screen Questionnaire

The Pre-Screen Questionnaire asks questions one at a time. When the questionnaire first loads, it shows only the first question:



The screenshot shows a header with 'Burial Allowance' on the left and 'Pre-Screen Questionnaire' on the right. Below the header is the instruction: 'Please answer the following questions to determine your eligibility for claim allowance.' The first question is: 'Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death?'. Below the question are two radio button options: 'Yes' and 'No'.

If you select **No**, you will be asked if you would like to continue or exit.

Burial Allowance	Pre-Screen Questionnaire
Please answer the following questions to determine your eligibility for claim allowance.	
Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death?	
☐ Yes ☒ No	
Based on your response, you may not be eligible to apply for the Burial Allowance application. Do you still wish to proceed?	
ContinueExit	

If you select **Exit**, you will see a description of your possible ineligibility based on your response. Clicking the "Exit" link will redirect you to the Home Page.

Burial Allowance	Pre-Screen Questionnaire
Please answer the following questions to determine your eligibility for claim allowance.	
Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death?	
☐ Yes ☒ No	
You may not be eligible for grant of Burial Allowance because the decedent was not a resident of New York City at the time of Death.	
Exit	

If you select **Continue**, you will be presented with a comment box where you can provide an explanation for your response. The next question will also appear.

Burial Allowance	Pre-Screen Questionnaire
Please answer the following questions to determine your eligibility for claim allowance.	
Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death?	
☐ Yes ☒ No	
Reason/Explanation (if any): 	
Applications must be submitted no later than 120 days after date of death. Are you submitting claim within 120 days of Decedent's death?	
☒ Yes ☐ No	

If you select **Yes**, the next question appears.

Burial Allowance	Pre-Screen Questionnaire
Please answer the following questions to determine your eligibility for claim allowance.	
Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death?	
☒ Yes ☐ No	
Applications must be submitted no later than 120 days after date of death. Are you submitting claim within 120 days of Decedent's death?	
☐ Yes ☐ No	

The last question includes additional information about your relationship to the decedent. You can view the definition of each relationship by clicking the info icon.

Is your relationship to the Decedent one of the following? Legally Responsible Relative ⓘ <i>A legally responsible relative is legally obligated to furnish support for the following persons: a spouse; a son or daughter under the age of 21 years and a stepchild under the age of 21 years. A person is not chargeable with the support of an adopted child of his or her spouse, if the child was adopted after the adopting spouse is living separate and apart from the non-adopting spouse pursuant to a legally recognizable separation agreement or decree under the domestic relations law, and the spouses remain separate and apart after the adoption.</i> Non-legally Responsible Relative ⓘ Friend ⓘ Organizational Friend ⓘ ☐ Yes ☐ No

Step 3 — Complete the Questionnaire to Access the Application Link

Once you complete the questionnaire, you will see a link to the application.

If you responded "Yes" to all questions, you will see the following message:

Based on your responses, you meet the initial eligibility criteria to apply for the Burial Claim Allowance. Please note that meeting these criteria does not guarantee approval or issuance of the Burial Allowance.
Go to Application for Burial Allowance Answer a New Pre-screen Questionnaire Go Back

- Clicking **Go to Application for Burial Allowance** directs you to the Burial Allowance Application.
- Clicking **Answer a New Pre-screen Questionnaire** starts a new questionnaire for a different individual.
- Clicking **Go Back** returns you to the Home Page.

If you responded "No" to at least one question, you will see the following message:

Based on your response, you may not be eligible to apply for the Burial Allowance application.

[Apply anyway](#)
[Answer a New Pre-screen Questionnaire](#)
[Exit](#)

- Clicking **Apply Anyway** generates a link that directs you to the Burial Allowance Application.
- Clicking **Answer a New Pre-screen Questionnaire** starts a new questionnaire for a different individual.
- Clicking **Exit** returns you to the Home Page.

Multiple Pre-Screen Questionnaires

If you have answered more than one Pre-Screen Questionnaire, the next time you visit the Pre-Screen Questionnaire page you will see a list of the questionnaires you have started:

Burial Allowance		Pre-Screen Questionnaire	
Pre-screen Questionnaire Individual	Date Last Modified	Prescreen Status	
Individual 1	3/19/2026 1:46 AM	Incomplete	View
Individual 2	3/19/2026 1:47 AM	Based on your response, you may not be eligible to apply for the Burial Allowance application.	View

OR

[Answer Pre-screen Questionnaire for a new individual](#)

- Click the **View** button for the questionnaire you would like to view or edit.
- Click **Answer Pre-screen Questionnaire for a new individual** to start a new questionnaire.

You can return to the list of questionnaires at any time by clicking **View List of Pre-screen Questionnaires** at the top-right corner of the page:

Burial Allowance	Pre-Screen Questionnaire
View List of Pre-screen Questionnaires	
Please answer the following questions to determine your eligibility for claim allowance.	
Decedent should be resident of New York City at time of Death. Was Decedent resident of New York City at time of Death? ☐ Yes ☐ No	

How To:



USER GUIDE

How to Apply for Burial Allowance

NYC OBS Applicant Portal — Burial Allowance Insurance Tracking System (BAITS)

Version 1.0 | July 2026

Table of Contents

Purpose of This Document

This guide shows how to complete the Application for Burial Allowance.

Accessing the Application

After completing the Pre-Screen Questionnaire, you should have a direct link to the application.

If you responded "Yes" to all the questions, click the "Go to Application for Burial Allowance" link to go to the application:

Based on your responses, you meet the initial eligibility criteria to apply for the Burial Claim Allowance.
Please note that meeting these criteria does not guarantee approval or issuance of the Burial Allowance.

[Go to Application for Burial Allowance](#) [Answer a New Pre-screen Questionnaire](#) [Go Back](#)

If you responded "No" to at least one question, click the "Apply Anyway" link to go to the application:

Based on your response, you may not be eligible to apply for the Burial Allowance application.

[Apply anyway](#) [Answer a New Pre-screen Questionnaire](#) [Exit](#)

Alternatively, you can access the Application from your Home Page. After completing the Pre-Screen Questionnaire, the **Check Status** button should show on your Home Page.

 **Applicant Portal**

Welcome to the Burial Claim Application System.

We're here to support you during this difficult time. Use this portal to check your eligibility for burial assistance, view the status of a submitted claim, upload required documents, or resume saved application at any time.

Before you begin your application, please take a moment to read [instructions on the Burial Claim Grant and overview of the Prescreen Eligibility Process](#).

[View Eligibility](#) [Check Status](#) [Upload Document](#)

Application Elements

After clicking the link, the Application will open to the Decedent Information section. For each section of the application, some details are shown at the top of the section regarding the information collected for the section you are currently viewing.

Application for Burial Allowance		BUR-2026-0368									
<< Go Back to Application List		A. Information about the decedent (person who died):									
A - Decedent Info ⚠️		Complete all the information concerning the person who died. Enter the decedent's name, last address, time lived there, and shelter status. Include birth/death dates, SSN (if known), cause and place of death. Indicate if buried or cremated, marital status (with spouse info), and if under 21, provide parent/guardian details.									
B - Veteran Status ⚠️		If you are unable to provide identifying information for the decedent, we may be able to assist. If a death certificate has already been issued it can be used to provide some identifying information for the decedent.									
C - Financial History ⚠️		Name of Decedent									
D - Estate Information ⚠️		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Last Name*</td> <td>First Name*</td> <td>Middle Name</td> <td>Suffix</td> </tr> </table>						Last Name*	First Name*	Middle Name	Suffix
Last Name*	First Name*	Middle Name	Suffix								
E - Assets ⚠️											
F - Applicant Info ⚠️											

Required Fields

- Fields indicated by a red asterisk (*) or a red border are required fields. If you do not complete these fields, or fill them in incorrectly, you will get warnings at the bottom of the page and will not be able to proceed to the next section.

Was the decedent under the age of twenty-one (21)?* ☐ Yes ☒ No
Please correct the following fields to continue: > Date of Birth is missing. > Date of Death is missing.
<i>Last saved on 3/2/2026 12:35 PM</i>
Save and Exit Section B ▶

Additional Questions

- Some fields ask additional questions depending on your response. A section will pop up to collect the additional information.

Is the last address of the decedent known? *		
☒ Yes ☐ No		
Last Known Address of Decedent		
Street Address*	Apartment, Suite, etc. (Optional)	City*

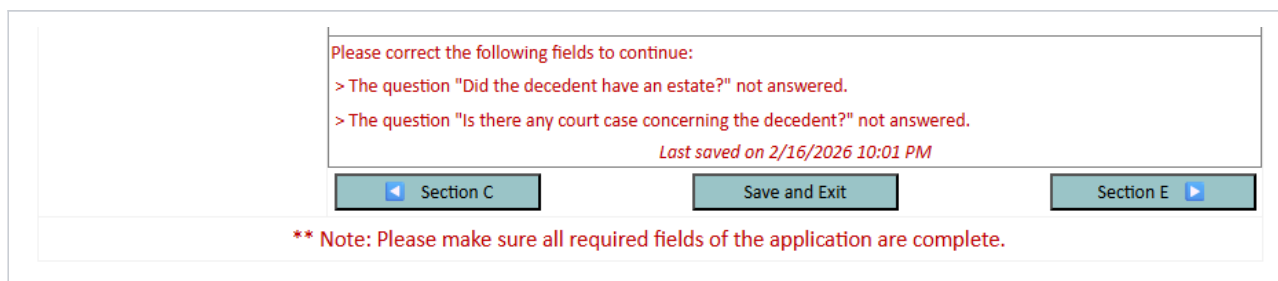
Side Bar

The side bar provides multiple indicators and can be used to navigate through the application.

Application for Burial Allowance		BUR-2026-0329	
A - Decedent Info ☒	A. Information about the decedent (person who died):		
B - Veteran Status ☒	Complete all the information concerning the person who died. Enter the decedent's name, last address, time lived there, and shelter status. Include birth/death dates, SSN (if known), cause and place of death. Indicate if buried or cremated, marital status (with spouse info), and if under 21, provide parent/guardian details.		
C - Financial History ☒	If you are unable to provide identifying information for the decedent, we may be able to assist. If a death certificate has already been issued it can be used to provide some identifying information for the decedent.		
D - Estate Information ☐	Name of Decedent		
E - Assets ☐			
F - Applicant Info ☐	Last Name*	First Name*	Middle Name
G - LRR Info ☐	Is the last address of the decedent known? *		
H - Funeral Costs ☐	☐ Yes ☒ No		
Application Review	Was the decedent in a NYC homeless shelter?*		
Signature	☐ Yes ☒ No		

- Click the button for the section you want to navigate to. You can only navigate to sections you previously completed. You cannot use grayed-out section buttons.
- Side bar indicators:
 - The section highlighted in **yellow** indicates the current section that you are in.
 - Grayed-out sections cannot be accessed unless you complete the prior sections.
 - An exclamation point indicates that a section is incomplete.
 - A check mark indicates that a section is completed.

Warnings and Bottom Navigation Buttons



Please correct the following fields to continue:

- > The question "Did the decedent have an estate?" not answered.
- > The question "Is there any court case concerning the decedent?" not answered.

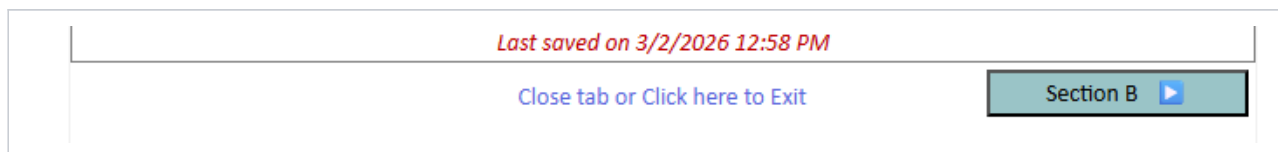
Last saved on 2/16/2026 10:01 PM

Section C Save and Exit Section E

**** Note: Please make sure all required fields of the application are complete.**

At the bottom of the page, there are the following elements:

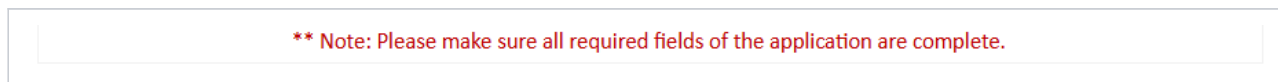
- Field warnings for the current section you are on:
 - This list shows when you try to navigate to the next section without completing the current section.
 - Make the corrections as listed and then navigate to the next section to remove these warnings.
- Button for the previous section:
 - Click this button to go to the previous section.
- Button for the next section:
 - Click this button to go to the next section. Please note that this button will not work until you complete the current section.
- Save button:
 - Click this button to save your progress. The "Last Saved on" time stamp should update shortly after clicking the button. The "Click here to Exit" link should also show. Clicking this link will direct you back to the Home Page:



Last saved on 3/2/2026 12:58 PM

[Close tab or Click here to Exit](#) Section B

- Overall completion status of your application:
 - When your application is incomplete, the following message will show:



**** Note: Please make sure all required fields of the application are complete.**

- When your application is complete, the following message will show, as well as the Submit button:

Your have completed your application.
Click the "Submit" button below to submit your application for review.

Submit

Multiple Applications

To start a new application for a different individual, click the "Go Back to the Application List" button. This will show the following page:

Application for Burial Allowance

+ Create New Application

Claim Id	Deceased Name	Date of Death	Last Modified	Status
BUR-2026-0368	Igaram, Valentine	3/4/2026	3/19/2026 2:01 AM	Open

Click "+ Create New Application". The following section will show:

Application for Burial Allowance

Create a New Application

Name of Decedent

Date of Death *

Last Name *	First Name *	Middle Name	Suffix	

Create Application

Cancel

Enter the name of the Decedent and the Date of Death. Then click "Create Application" to generate the new application form. After clicking this button, your list of applications will show, including the application you just created.

Application for Burial Allowance

+ Create New Application

Claim Id	Deceased Name	Date of Death	Last Modified	Status
BUR-2026-0369	Vivi, Igaram	3/4/2026	3/19/2026 2:04 AM	Open
BUR-2026-0368	Igaram, Valentine	3/4/2026	3/19/2026 2:01 AM	Open

Click the Claim ID of the application that you would like to view and/or edit.

If you started more than one application, you will be directed to this list after clicking "Check Status" on the Home Page.

Filling Out the Application

Section A — Decedent Information

Additional notes on information collected in this section:

- Decedent Address:
 - If the last address of the decedent is known, you will be asked to provide the address as well as how long the decedent lived there.
- Social Security Number (if known):

Social Security Number (if known): XXX-XX-XXXX Show
Social Security Number (if known): 999-99-9999 Hide

- After initially typing the SSN, it will be hidden. If you would like to edit or check that you entered it correctly, click the "Show" button.
- Once you have confirmed that your entry is correct, click the "Hide" button to hide the SSN.
- Decedent Burial:
 - If the decedent has been buried, please provide the burial date if known.

Has the decedent been buried?* ☒ Yes ☐ No	Burial Date 
--	--

- Decedent Cremation:
 - If the decedent has been cremated, please provide the cremation date if known.

Has the decedent been cremated?* ☒ Yes ☐ No	Cremation Date 
--	---

- Decedent Spouse Information:

- If the decedent is married, the following information of the spouse is collected.
 - It is assumed that the applicant is the spouse, so the applicant's information is automatically entered into these fields.

Was the decedent married?*			
☒ Yes ☐ No			
Spouse Information			
Name			
Rogers	Steve		
Last Name*	First Name*	Middle Name	Suffix
Social Security Number*		Telephone*	
	1	(999) 999-9999	odeza@acgovsolutions.com
	Country Code*	Telephone*	
Address			
Street Address*	Apartment No.	City*	
State*	Zip*	Country*	

- Decedent Legal Guardian Information:
 - If the decedent is under the age of 21, you need to select the type of legal guardian:

Was the decedent under the age of twenty-one (21)?*	
☒ Yes ☐ No	
Please specify below:*	
☒ I am a Parent of the Decedent (OR)	
☒ I am a Legal Guardian of Decedent under age twenty-one (21)	

- If Parent is selected, the following information of the parents is collected:
 - For the second parent, only their name is required.

Parent 1 Information			
Name			
Rogers	Steve		
Last Name*	First Name*	Middle Name	Suffix
Social Security Number*		Telephone*	
		(999) 999-9999	odeza@acgovsolutions.com
		Country Code*	Telephone*
Address			
Street Address*		Apartment No.	City*
State*		Zip*	Country*
Parent 2 Information			
Name			
Last Name*	First Name*	Middle Name	Suffix
Social Security Number		Telephone	
		Country Code*	Telephone*
Address			
Street Address*		Apartment No.	City
State		Zip	Country

- If Legal Guardian is selected, the following information is collected:

Legal Guardian Information			
Name			
Rogers	Steve		
Last Name*	First Name*	Middle Name	Suffix
Social Security Number*		Telephone	
		(999) 999-9999	odeza@acgovsolutions.com
		Country Code*	Telephone*
Address			
Street Address*		Apartment No.	City*
State*		Zip*	Country*

- For both types of Legal Guardian, it is assumed that the applicant is the legal guardian, so the applicant's information is automatically entered into these fields.

Section B — Veteran Status

B. Decedent Veteran's Status	
Indicate if the decedent was a Veteran, their branch of service, if they were a Veteran's spouse or minor child. Also specify whether any Veteran burial, death, or other benefits were received from a government agency, and include the amount and details if applicable. If you are unable to provide identifying information for the decedent, we may be able to assist. If a death certificate has already been issued it can be used to provide some identifying information for the decedent.	
Was the decedent a veteran?* ☐ Yes ☐ No ☐ Unknown	
Was the decedent a spouse of a veteran?* ☐ Yes ☐ No ☐ Unknown	
Was the decedent a minor child of a Veteran?* ☐ Yes ☐ No ☐ Unknown	
Have Veteran burial or death benefits been paid by any government agency?* ☐ Yes ☐ No ☐ Unknown	
Did the decedent receive any Veteran's benefits?* ☐ Yes ☐ No ☐ Unknown	
<i>Last saved on 3/3/2026 8:48 AM</i>	

- If you answer "Yes" to any questions regarding the decedent's relationship with a veteran, you will be asked about the corresponding Branch of Service:

Was the decedent a veteran?* ☒ Yes ☐ No ☐ Unknown	Branch of Service, if known (Army, Navy, etc.): *
--	--

- If you answer "Yes" to any questions regarding veteran benefits, you will be asked to provide additional information.

Have Veteran burial or death benefits been paid by any government agency?* ☒ Yes ☐ No ☐ Unknown
Please provide the agency name, how much has been paid, and other details (1000 Character Limit):* *

Section C — Financial History

C. Decedent Financial History
In order to determine whether or not the decedent had financial resources to pay towards the funeral expenses, provide the decedent's financial support, including job status, employer info, any death benefits, HRA assistance (if known). If you are unable to provide this information, we may be able to assist.
Describe how the decedent was financially supported:* *
Was the decedent employed at the time of death?* ☒ Yes ☒ No
Did the decedent receive any assistance from HRA?* ☒ Yes ☒ No
Did the decedent receive Social Security Administration Benefits?* ☒ Yes ☒ No

- If the decedent was employed, you will be asked about their employment details if known.

Was the decedent employed at the time of death?*			
☒ Yes ☐ No			
Employer Details			
Name of Employer*	Type of Employment*	Telephone*	
	Select...		
		Country Code*	Telephone*
Address			
Address Line 1	Address Line 2 (Optional)	City*	
State*	Zip*	Country*	
Were employer death benefits paid?*			
☒ Yes ☐ No			

- If the decedent received any assistance from HRA, you will be asked to identify the applicable assistance and the corresponding case number if known.

Did the decedent receive any assistance from HRA?*	
☒ Yes ☐ No	
Case Number (if known):	
Check all that apply:	
☒ Cash Assistance	PA Case No. (if known):
☒ Medicaid/MA	MA Case No. (if known):
☐ Supplemental Nutrition Assistance Program SNAP (food stamps)	
☐ Other	

- If the decedent received any Social Security Administration benefits, you will be asked about the amount they received.

Did the decedent receive Social Security Administration Benefits?*

☒ Yes ☐ No

Check all that apply:

- | | | | |
|--|------------|----------------------|---|
| ☒ Supplemental Security Income (SSI) | Amount: \$ | <input type="text"/> | * |
| ☒ Social Security Disability (SSD) | Amount: \$ | <input type="text"/> | * |
| ☒ Social Security Old Age, Survivors, and Disability Insurance (OASDI) | Amount: \$ | <input type="text"/> | * |

Section D — Estate Information

D. Decedent Estate Information

If the decedent had a will, an estate, or any action pending before the Surrogate's or Probate Court, please provide the contact information for the individual responsible for administering those affairs. Our office may seek reimbursement or contribution toward burial expenses from the party managing the decedent's property. Any property or cash owned by the decedent at the time of death are required to be used for the costs associated with the final disposition, including burial, cremation and burying of cremation ashes.

In some cases, accessing the property requires going to court. Please tell us and we can assist you with an appropriate referral.

Did the decedent have a will?*

☒ Yes ☐ No ☐ Unknown

Contact Information of Individual responsible for Will

Name	Telephone		Email Address
	Country Code*	Telephone*	

Does the decedent have an estate?*

☒ Yes ☐ No ☐ Unknown

Contact Information of Estate Representative or Attorney involved

Name*	Telephone *		Email Address
	Country Code*	Telephone*	

Is there any court case concerning the decedent?*

☒ Yes ☐ No ☐ Unknown

Court Case Details

County*	Court Name*	File Number*

Contact Information of Estate Representative or Attorney involved

Name*	Telephone*		Email Address
	Country Code*	Telephone*	

- If you answered "Yes" to any of the questions in this section, you will be asked about relevant contact information.

Section E — Decedent's Assets

- If you select "Yes" to any of the asset types, you will be asked to provide a dollar amount if known.

E. Decedent's Assets or Personal Property		
List information about all the decedent assets or personal property at time of death.		
If the decedent had any assets or personal property at the time of death, please select "Yes" for all that apply and provide the value or amount if known		
Cash*	☒ Yes ☐ No	\$ *
Real Property*	☒ Yes ☐ No	\$ *
Pension*	☐ Yes ☐ No	
Bank Accounts*	☐ Yes ☐ No	
Union Benefits*	☐ Yes ☐ No	
Vehicle(s)*	☐ Yes ☐ No	
Insurance / Policies*	☐ Yes ☐ No	
Burial trust / Prepaid Burial Fund*	☐ Yes ☐ No	
Stocks, Investment Accounts*	☐ Yes ☐ No	
Pending lawsuit or settlement*	☐ Yes ☐ No	
Crowdfunding for Decedent*	☐ Yes ☐ No	
Other*	☐ Yes ☐ No	

- If you select "Yes" to the question regarding the Public Administrator, you will be asked about additional details and relevant contact information:

Provide details regarding the location of the assets or real property (if known):		
Does the Public Administrator have any of the decedent's property or assets?*		
☒ Yes ☐ No ☐ Unknown		
Please provide details of the assets, including their estimated value (if known):		
Please provide the Contact Information of the Public Administrator (if applicable):		
Name	Telephone	Email
	Country Code Telephone	

Section F — Applicant Information

F. Applicant Information			
As an applicant, you are not required to provide your financial information unless you are identified as a Legally Responsible Relative, as defined in the following section.			
Complete this section by providing your personal information and specifying your relationship to the decedent. Additional information may be requested (if necessary).			
Select your relation with the decedent*			
Select...			
Applicant Name			
Rogers	Steve		
Last Name*	First Name*	Middle Name	Suffix
Address			
Street Address*	Apartment No.	City*	
State*	Zip*	Country*	
Telephone*		Email*	
1	(999) 999-9999	odeza@acgovsolutions.com	
Country Code*	Telephone*		
Do you have an Authorized Representative?*			
☐ Yes ☐ No			

- The name, phone, and email fields will be populated with the information you provided when you registered.
- Select your relationship with the decedent from the drop-down list.

Select your relation with the decedent*	
Select...	
Select...	
Spouse - Legally Married	
Parent of Decedent under the age of 21	
Legal Guardian under the age of 21	
Domestic Partner	
Non-Legally Responsible Relative	
Friend	
Organizational Friend	
Other	

- If you select Spouse or Legal Guardian, the information you entered in Section A will populate the Applicant Information.
- If you have an Authorized Representative, you will need to provide the following information for the Authorized Representative:

Do you have an Authorized Representative?*			
☒ Yes ☐ No			
Representative Information			
Name of Representative			
Last Name*	First Name*	Middle Name	Suffix
Address of Representative			
Street Address*	Apartment No.	City*	
State*	Zip*	Country*	
Social Security Number*		Telephone*	Email*
	Country Code*	Telephone*	

Section G — Legally Responsible Relative (LRR) Information

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. If you're an LRR, provide your contact info and financial details. LRR is responsible to pay the costs of the decedent's final disposition. If the LRR is unable to pay the funeral expenses, they must provide proof of insufficient financial resources.
Are you a legally responsible relative?*
☒ Yes ☐ No

- If you fit the description of an LRR as stated, select "Yes". If you select "Yes", additional information will be collected.

- You will be asked what type of LRR you are. Regardless of your selection, your name, SSN, date of birth, contact information, and address will be asked. All these fields will be populated with the information you have entered in Section A, except for Date of Birth.

Please specify below:*			
☒ I am a Spouse of the decedent (OR)			
☐ I am a parent or legal guardian of decedent under age twenty-one (21)			
Spouse Information			
Name			
Rogers	Steve		
Last Name*	First Name*	Middle Name	Suffix
Social Security Number*		Date of Birth*	
Telephone*		Email Address	
1	(999) 999-9999	odeza@acgovsolutions.com	
Country Code*	Telephone*		
Address			
Street Address*	Apartment No.	City*	
State*	Zip*	Country*	

- If you are an LRR, you will also need to provide any HRA assistance or Social Security Administration benefits you receive.

Did you receive any assistance from HRA?*	
☒ Yes ☐ No	
Case Number (if known):	
Check all that apply:	
☒ Cash Assistance	PA Case No. (if known):
☒ Medicaid/MA	MA Case No. (if known):
☐ Supplemental Nutrition Assistance Program SNAP (food stamps)	
☐ Other Please specify:	
Are you receiving Social Security Administration Benefits?*	
☒ Yes ☐ No	
Check all that apply:	
☒ Supplemental Security Income (SSI)	Amount: \$ *
☐ Social Security Disability (SSD)	
☐ Social Security Old Age, Survivors, and Disability Insurance (OASDI)	

- If you are an LRR, you will be asked if you are able to pay for the funeral costs:

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

Section H — Funeral Costs

Information about the funeral costs is collected based on whether it has been paid or not, or whether arrangements have been made.

- If funeral costs have not been paid and funeral arrangements have not been made, you do not need to provide further information.

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

Provide details of the total cost for the final disposition including burial, cremation, or burying of ashes.

Have the funeral costs been paid?*

☐ Yes ☒ No

Have funeral arrangements been made for the decedent?*

☐ Yes ☒ No

Last saved on 3/3/2026 9:27 AM

- If funeral arrangements have been made, you will need to provide the funeral home information and funeral cost details.

Have the funeral costs been paid?*

☐ Yes ☒ No

Have funeral arrangements been made for the decedent?*

☒ Yes ☐ No

Name of Funeral Home*

Telephone of Funeral Home*

	*		*			*
		Country Code*			Telephone*	

Address of Funeral Home

	*		*		*
Address Line 1*		Address Line 2 (Optional)		City*	
	*		*		*
State*		Zip*		Country*	

Total Cost of Funeral Expenses:*

Specify the cost of the following:

Total Cost of Funeral Expenses:*		Cremation*		Burial Plot*		Grave Opening*	
\$		\$		\$		\$	

- If funeral costs have been paid and the applicant did not pay, you will need to provide the lender's information, as well as the funeral home information and funeral cost details.

Have the funeral costs been paid?*			
☒ Yes ☐ No			
Did the applicant pay?*			
☐ Yes ☒ No			
Please provide the lender's information below			
Name			
*	*		
Last Name*	First Name*	Middle Name	Suffix
Telephone Number *		Email*	
	*	*	
Country Code*	Telephone*		
Address			
*		*	
Street Address*	Apartment No.	City*	
*	*	*	
State*	Zip*	Country*	

Application Review and Submission

Use this section to verify that the information you entered is correct and complete.

- For each section, the completion status is shown.

Application Review:	
A - Decedent Information	☐
✔ Section A Complete	
Name of Decedent	Smith, John Adam II
Is the last address of the decedent known?	No

- Check the box on the section header to collapse the section.

Application Review:	
A - Decedent Information	☒
✓ Section A Complete	
B - Veteran's Status	☒
✓ Section B Complete	
C - Financial History	☐
✓ Section C Complete	
Describe how the decedent was financially supported: Trust Fund	
Was the decedent employed at the time of death? No	

- Once you are sure that the information you entered is correct and complete, click the "Submit" button.

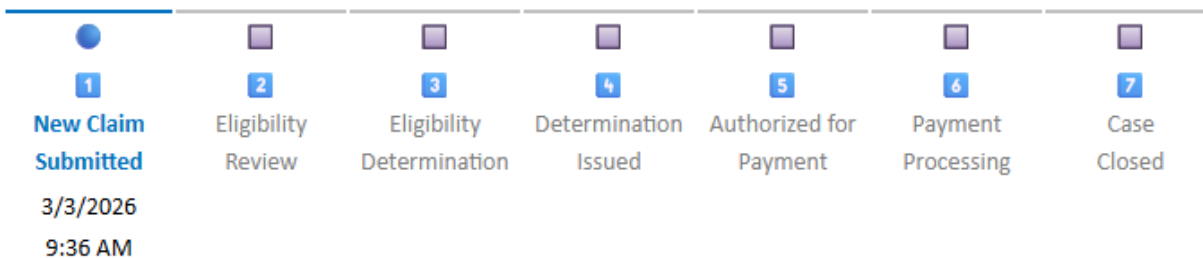
Your have completed your application. Click the "Submit" button below to submit your application for review.	
Submit	

- You will be asked to confirm your submission. Select "Yes" to complete your submission:

Application for Burial Allowance	
You are about to submit your claim. Do you wish to proceed?	
Yes	Cancel

- After clicking "Yes", you will see the status of your application at the top of the page.

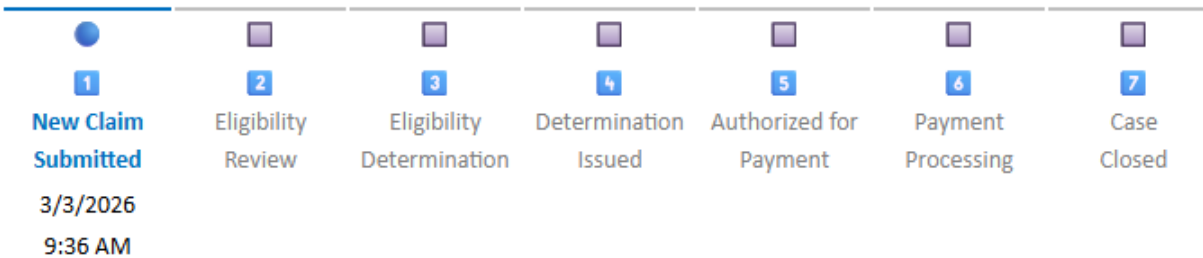
Your burial claim has been successfully submitted. Your claim number is BUR-2026-0338. Please save this number for future reference.



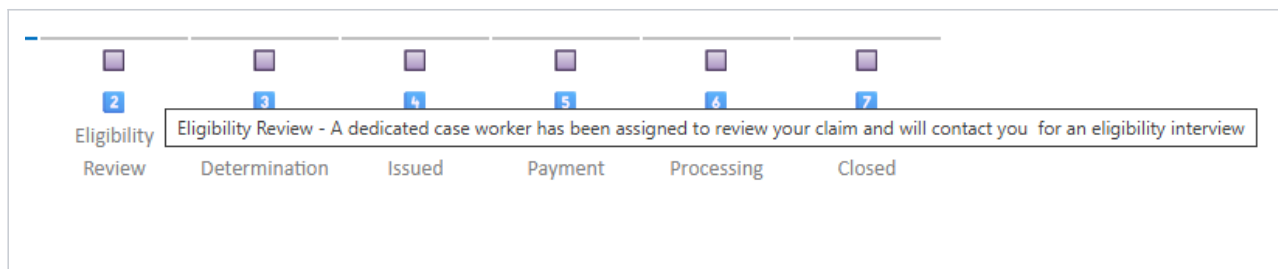
Application for Burial Allowance		Status: New Claim Submitted
		Claim ID: BUR-2026-0338
Submitted Application:		
A - Decedent Information ☐		
Name of Decedent	Smith, John Adam II	
Is the last address of the decedent known?	No	
Was the decedent in a NYC homeless shelter?	No	

- After this point, you can only view your application in read-only mode.

Application Status Bar



At the top of the page, you will see the different steps your application has gone through. This status bar shows the status of your application in real time, including the time stamp of when your application proceeded to each step.



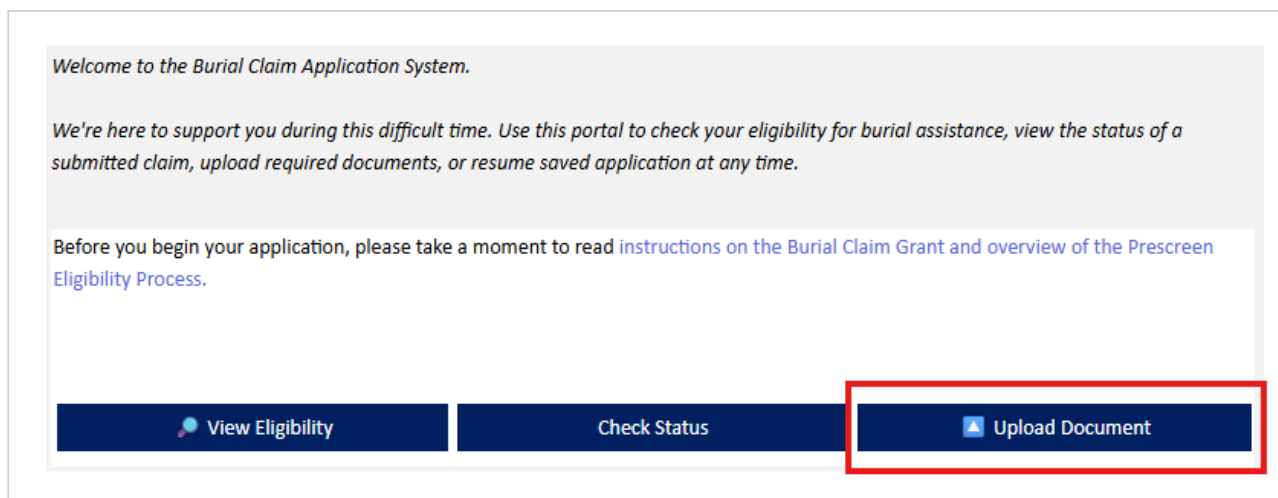
Hover over each status to view its description.

Uploading Documents

As part of your application, you are required to upload at least the following documents:

- Original Death Certificate
- Original itemized funeral bill notarized by the funeral director
- Copy of the funeral contract
- Funeral Director's Affidavit (Form M-860n for Bill Unpaid/Partially Paid)

To upload these documents, go to your Home Page. On your Home Page, click the "Upload Document" button:



You will then be directed to the following page:

 Upload Documents

As part of your application, you are required to upload the following documents:

Original Death Certificate

Original Itemized Funeral Bill Notarized by Funeral Director

Copy of Funeral Contract

Funeral Director's Affidavit (Form M-860n for Bill Unpaid/Partially Paid)

No Documents Uploaded yet.

Upload New Document

Click the "Upload New Document" button. The following section will appear:

Upload the documents below:		
File Type	File Notes	File
Select... ▼		Click here to attach a file

Upload Document

To use this section to upload a document:

1. Select the File Type from the drop-down menu.

Upload the documents below:		
File Type	File Notes	File
Select... ▼ Select... Death Certificate Funeral Bill Funeral Contract		Click here to attach a file

Upload Document

2. Enter any notes regarding the file you are uploading.
3. Click the "Click here to attach a file" button. From the file explorer window that pops up, select a file you would like to upload and click "Open".
4. Click the "Upload Document" button.
 - a. If your upload is successful, you will see the following confirmation:

DSCF7753.jpeg; 3545kb

Document Uploaded!

View Document List

Upload Another Document

b. If your upload failed, you will see the following warning:

Document Upload Failed.

Please make sure the file you are uploading meets the following criteria:

- accepted file types: .pdf, .png, .jpeg
- Must be less than 10 MB

View Document List

Retry

- Clicking "Upload another Document" or "Retry" will show the section in step 1.
- Click "View Document List" to see your uploads.
- To remove an uploaded document, click the "Delete" button.
 - You will be unable to delete a document once a case worker reviews and accepts your document upload.

List of Documents Uploaded:			
File Type	File Notes	Download Link	
Death Certificate	Picture of Death Certificate [DSCF7753.jpeg]	https://nycdss-...	Delete

- Any documents requested by the case worker will show under the list of required documents, as below:

As part of your application, you are required to upload the following documents:

- Original Death Certificate
- Original Itemized Funeral Bill Notarized by Funeral Director
- Copy of Funeral Contract
- Funeral Director's Affidavit (Form M-860n for Bill Unpaid/Partially Paid)

OBS is also requesting to upload the following documents:

- Copy of Birth Certificate
- Affidavit of Friendship

Upload New Document

Multiple Applications

If you have more than one application, you will be directed to the list of applications after clicking "Upload Documents" on the Home Page.

**Upload Documents**

Claim Id	Deceased Name	Date of Death	Application Status
BUR-2026-0369	Igaram, Vivi	3/4/2026	Open
BUR-2026-0368	Igaram, Valentine	3/4/2026	Open

Click the Claim ID of the claim that you would like to upload documents for.