

## Cremation Assistance Foundation Application Form (A)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Land Line \_\_\_\_\_

Email Address \_\_\_\_\_

1. I have been referred to CAF by \_\_\_\_\_

2. I am the person seeking to receive CAF's services. Yes \_\_\_\_\_ No \_\_\_\_\_

3. If No, then for who are our services for? \_\_\_\_\_

What is your relationship to the person seeking our services?

4. I have met with a CAF advisor and fully understand the CAF's services offered.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. I have read, understand and signed CAF's Terms of Agreement. Yes \_\_\_\_\_

No \_\_\_\_\_

6. In your own words, explain why you are applying for our services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The person in need is at or below the Federal Poverty Guidelines for income. Yes \_\_\_\_\_

No \_\_\_\_\_

8. If no, explain why you feel you are in need of our services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I understand that if I have not been working directly with a funeral home, proof of my financial status will be necessary to complete this application. \*See Form B. I also understand that by signing this application I am stating that I am being completely honest about my financial status and have exhausted all resources available to me in order to pay the services myself.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Cremation Assistance Foundation Application Form (B)**  
(To be filled out, along with form A, if you are NOT working with a funeral home.)

**Primary Adult Applicant:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_  
Length of Employment \_\_\_\_\_  
Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**

**Tax Forms must reflect those that are listed below.**

Name	Employer/School	Birth Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Is yours a one-adult household? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Are All Required Documents Attached?**

Y or N

**Please share why you are applying for financial assistance.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent \*\*

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other
Salary, wages and tips	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____
Social Security compensation	\$ _____	\$ _____	\$ _____
Child support	\$ _____	\$ _____	\$ _____
Aid for Dependent Children	\$ _____	\$ _____	\$ _____
Food stamps	\$ _____	\$ _____	\$ _____
401(k) Retirement	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
School loan income	\$ _____	\$ _____	\$ _____
Housing allowance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total Annual Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

\* I do not file a federal Tax return based on federal government income guidelines. Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the CAF to verify this information. I agree to notify the CAF if my financial status should change.

Print Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_