



CENTRAL COUNCIL
Tlingit & Haida Indian Tribes of Alaska
 320 West Willoughby Avenue, Suite 300
 Juneau, Alaska 99801
 907•463-7158 /1800•344- 1432 Toll Free
Employment & Training Division

APPLICATION FOR BURIAL ASSISTANCE

Name of Deceased	Date of Birth	Date of Death
Tribe Enrolled	Tribal Enrollment #	Village Corp.
Deceased last Residence Address (last 6 months):		
Deceased Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Applicant/Relative Information		
Name of Applicant	Relationship to Deceased	
Mailing Address		
Home Phone	Message Phone	Work Phone

Name of Mortuary	Contact Person	Phone #	
Address	City	State	Zip Code

In order for Central Council Tlingit & Haida to determine eligibility Applicant must apply with the State of Alaska General Relief Assistance Cremation/Burial Assistance Program.

Burial Assistance Application Checklist

- Application Form (must be submitted within 30 days following death)
- Death Certificate
- Proof of Tribal Membership for the deceased
- Proof of Residence in the Service Area (Deceased must have lived in Service Area)
- Proof of Insufficient Resources
- Proof of Application with State of Alaska General Relief Assistance Burial Assistance Program
- Release of Information Signed by Relative Applicant

Deceased Record of Income and Resources	
Did the Deceased have income from any source? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list sources of income and amounts below.	
<i>Source of Income</i>	<i>Amount</i>
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse Income/Salary	\$
Adult Public Assistance	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity Bonus	\$
State Permanent Fund	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
Donation Community	\$
Donation - Tribal Organization	\$
Donation - Native Corporation	\$
Other	\$
Other	\$
Total Resource/Income	\$

READ BEFORE SIGNING

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both.

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation.

I understand the above and I agree to provide any documents necessary to prove eligibility for assistance.

I (We) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true.

Relative Applicant Signature

Date

Relative Applicant Printed Name



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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ authorize the release of information requested by Central Council Tlingit & Haida Indian Tribes of Alaska Employment & Training Office. This release will be in effect while I am an applicant or recipient of Employment & Training assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Other Household Member

Printed Name

Printed Name

Social Security Number

Social Security Number

Phone Number

Phone Number

Date

Date