

**ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC.**  
**GENERAL ASSISTANCE**  
**Burial Assistance Application**

Date: \_\_\_\_\_

Deceased's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Date Deceased: \_\_\_\_\_

Social Security # : \_\_\_\_\_ Telephone # : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tribe enrolled to: \_\_\_\_\_ Shareholder ID#: \_\_\_\_\_

**List all persons living in household:**

Name (first, middle, last)	Relation	Birth date	Social Security #	Native Y/N

**TYPE OF INCOME**

**Who receives?**

**How much?**

Employment	_____	_____
ATAP - Alaska Temporary Assistance Program (AFDC)	_____	_____
Social Security / SSI - Supplemental Security Income	_____	_____
Unemployment Insurance	_____	_____
Child Support and/or Alimony	_____	_____
Workman's Compensation / Short Term Disability	_____	_____
Scholarships / Grants for education	_____	_____
Retirement payments	_____	_____
Veteran's benefits	_____	_____
Longevity bonus	_____	_____
Foster care payments	_____	_____
OTHER	_____	_____

**APIA Burial Assistance Application**

**What was deceased and/or spouse's total net income for the past 12 months? \$** \_\_\_\_\_

*If deceased had no income or has had no income for the past 12 months, briefly describe how they survived:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does deceased and/or spouse own a home?**            Y        N  
If yes, what is the value of the home? \$ \_\_\_\_\_

**Does deceased and/or spouse own a fishing vessel?**            Y        N  
Estimated annual net income from fishing? \$ \_\_\_\_\_

**Does deceased have any liquid assets?** Y        N        If yes, please list assets valued over \$1, 500.00


**Does deceased and/or spouse have a bank account?**            Y        N  
Name of financial institution: \_\_\_\_\_  
What is the account balance? \$ \_\_\_\_\_

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I attest that the above information is true and correct to the best of my knowledge. I agree to inform APIA of any changes regarding income, including assistance received from other agencies, and living arrangements. I understand that information on this application will be used for determination of eligibility for the APIA General Assistance Program. I also understand applicants that knowingly and willingly provide APIA with false, fictitious, or fraudulent information are subject to prosecution under 18 U.S.C. 1001, which is punishable by fine, imprisonment or both.

\_\_\_\_\_  
Authorized Signature (relative, spouse, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
APIA Staff Signature

\_\_\_\_\_  
Date