



SNOQUALMIE INDIAN TRIBE

BURIAL AND FUNERAL ASSISTANCE APPLICATION

APPLICATION-----

The Snoqualmie Indian Tribe has established the following criteria with the intent to ensure the Burial and Funeral Assistance Program provides financial assistance to meet the basic needs of the Tribal community in accordance with the Tribe's General Welfare Policy.

ELIGIBILITY

Must be a deceased enrolled Snoqualmie Tribal Member and/or minor child of an enrolled Tribal member who is not enrolled in a tribe other than the Snoqualmie Indian Tribe.

REQUIREMENTS

- The applicant must be the Executor of the Estate for the deceased and/or point of contact who has written authorization from the executor. In the event that there is no executor, applicant eligibility will be determined per the Burial and Funeral Assistance Policy.
- Certified death certificate must be submitted within 60 days after the date of passing.

LIMITS ON DISTRIBUTION

- Funds will only be accessible within one calendar year after the date of passing.
- Funding is available up to \$30,000, minus any funding that the Tribal Member previously accessed using Pre-Planning Assistance. The Department will inform the executor of the remaining funding balance upon application submission.
- The funds cannot be used toward an expense that is considered lavish or extravagant (i.e. first-class plane tickets, exotic venues, or other purchases that are otherwise excessive, etc.).
- Program benefits are subject to change and may increase/decrease based on available funding or by Snoqualmie Indian Tribal Council Resolution.

APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO THE SNOQUALMIE TRIBAL OFFICE AT:

ATTN: GENERAL RESOURCES DEPARTMENT
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535
EMAIL: GENERALRESOURCES@SNOQUALMIETRIBE.US

FOR OFFICE USE ONLY:

DATE APPLICATION WAS RECEIVED: _____ APPROVED BY: _____ DATE: _____



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PERSONAL INFORMATION OF DECEASED -----

Name: _____
Mailing Address: _____
City, State & Zip: _____
Social Security number: _____ Enrollment number: _____
Date of Birth: _____ Date of Death: _____

APPLICANT (EXECUTOR OR OTHER ELIGIBLE APPLICANT)-----

Name: _____
Mailing Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____
Email: _____

FUNERAL HOME INFORMATION-----

Vendor Name: _____
Point of Contact: _____
Mailing Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____
Email: _____

By accessing the Burial and Funeral Assistance Program benefit, I recognize it is the intent of Tribal Council that the Program be funded from the Tribe's general fund, and that payments issued under the Program will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients. However, recipients should consult with their own tax and/or legal professionals to determine actual tax and benefit consequences.

I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

By signing, I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled. I agree that the General Resources Department may contact other tribal programs for pertinent information as it applies to this application.

SIGNATURE: _____ DATE: _____