W-1053
(New 4/97)
DUPL-CENTER

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

STATE ADMINISTERED GENERAL ASSISTANCE PROGRAM

APPLICATION FOR PAYMENT OF BURIAL AND FUNERAL EXPENSES

Name of Deceased	Date of Birth	Social Security No.

Citizen? ☐ Yes ☐ No If no, give alien status ____________________

Date of Death	Place of Death	Permanent Address prior to death

Marital Status *(check one)* ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Never Married

Spouse's Name	Address
Spouse's Employer	Address
Parent(s)' if deceased was under age 18:	
Mother's Name	Address
Employer	Address
Father's Name	Address
Employer	Address

Name of Person/Funeral Home Making Application	Phone
Address	
Name of Person Who Made Funeral Arrangements	Phone
Address	
Relationship to Deceased	

Give information requested below for the deceased, for his/her spouse and for his/her parents if he/she was under age 18. Answer Yes or No for each item. If Yes, give additional information requested on a separate sheet of paper. Documentation must be provided.

ASSET	DECEASED		SPOUSE OR PARENT		AMOUNT OR VALUE	ADDITIONAL INFORMATION NEEDED
	YES	NO	YES	NO		
Bank Accounts						Name of Bank, Address, Account Number
Personal Acct. at Conv. Home						Name of Convalescent Home, Address
Life Insurance/Annuity						Company Name, Address, Policy Number
Stocks						Company Name, Address, Account Number
Bonds						Company Name, Address, Account Number
Motor Vehicles						Make, Model, Year
Pending Lawsuits						Attorney Name, Address, Phone Number
Home						Address
Other Real Property						Description, Address
Pre-paid Funeral Contract						Company Name, Address, Contract Number
Other						Description

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS. PHONE (860) 424-5016 OR TDD/TTY (800) 842-4524.

For the month following deceased's death, list all earned income of his/her spouse and/or of his/her parents if deceased was under age 18:

Earned Income ☐ Yes ☐ No *If Yes, complete the following:*

Gross Income________________ per ☐ week ☐ month *(check one)*

Expenses of Employment: Federal Income Tax________________ State Income Tax________________
FICA Tax________________ Mandatory Retirement________________
Mandatory Union Dues________________ Mandatory Grp. Life Ins.________________

UNEARNED INCOME	SPOUSE		PARENTS		MONTHLY AMOUNT	ADDITIONAL INFORMATION
	YES	NO	YES	NO		
SS Lump Sum Death Benefit						Notice of Award
Social Security						Award Letter, Copy of Check
VA						Award Letter, Copy of Check
UCB						Notice of Benefits, Copy of Check
Worker's Compensation						Notice of Benefits
Child Support						Support Order, Copy of Check
Alimony						Divorce Decree, Support Order
Annuity						Company Name, Account Number
Retirement						Notice of Benefits
Other						Description

Please check if any of the following special exemptions apply to the deceased's spouse or parents:

Amount Per Month

☐ monthly medical expenses not covered by insurance ________________

☐ support payments ________________

☐ educational expenses for self or children ________________

OTHER CONTRIBUTIONS TO BURIAL COST

List names of all individuals and organizations which have or will contribute towards the cost of this burial and complete the other information requested below. Also list contributions that are in-kind rather than cash (e.g., a donated burial plot.)

Name	Address	Phone	Actual or Expected Cash Contribution	Market Value if In-kind

- I certify that the information on this form is true and correct to the best of my knowledge. I understand that there are penalties for lying or knowingly giving incorrect information in order to receive SAGA benefits. I understand that all items on this application must be verified.
- I understand that information available to the State through the Income and Eligibility Verification System (IEVS) will be requested and used to process this request for assistance. This information will come from the State Labor Department, the Social Security Administration and the Internal Revenue Service as well as other agencies when allowed by law. Information may be verified directly with other sources such as banks and employers.
- I understand that the State will recover any assistance paid from the legally-liable relatives or estates of individuals who receive benefits.

____ ________________________

Signature of Individual Making Application Date