

OUR CONDOLENCES TO YOUR FAMILY

We are deeply sorry for your loss. The loss of a loved one is never easy, but know we are with you through your grief.

*-Peace and Blessings,
Amiyah Skye Memorial Foundation!*

APPLICATION FOR FINANCIAL ASSISTANCE

THIS APPLICATION SHOULD ONLY BE USED IF THE DECEASED WAS NOT COVERED BY LIFE OR BURIAL INSURANCE, OR DOES NOT HAVE ANY OTHER TYPE OF FINANCIAL SUPPORT TO DEFRAY FUNERAL COSTS. ASMF PROGRAM WILL PROVIDE A CASH BENEFIT TO THE FUNERAL DIRECTOR AFTER ALL RESOURCES HAVE BEEN VERIFIED.

Date: _____

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone: Home: _____ Cell: _____ Office: _____
5. Age: ____ Single: ____ Married: ____ Divorced: ____ Separated: ____ Widowed: _____
6. U.S. Citizen? Yes: ____ No: ____ U.S. Military? Yes: ____ No: ____

7. Deceased Information:

IMPORTANT! To be considered for funding, the applicant must submit the following documents within 24hrs. Failure to submit all documents and information will forfeit the application. In order to receive support from ASMF, please email the following items to **info@AmiyahSkye.com**. Note: There will be no reimbursement for prepaid expenses.

- a. Provide copy of death certificate
- b. Provide two forms of identification (license, birth certificate, picture id or social security card)

Survivors Information:

Verification of assets
Proof of Cash or Non Cash resources
Two most recent paychecks
One most recent savings and checking acct statements

8. Briefly explain your hardship. You may use the other side for additional space.

9. Are you having a traditional funeral, cremation, direct burial graveside or memorial service? _____
10. What is the name, address, and phone number of the funeral home, crematorium or cemetery chapel? _____
11. What is the name of the funeral Director? _____
12. How much funding are you requesting and for which services? Funeral or Grief Counseling?

13. Do you want to receive our decision by email or phone? _____
Email address: _____ Phone number: _____

I _____ declare under penalty of perjury that the foregoing statement is true and correct, and I am aware that if I present any information as true which I know to be false, I will repay all the money and I may be subjected to penalties prescribed under the penalty of perjury under the laws of the United States of America.

Type/Print Name

Signature

Date:

Official Use Only:

APPROVED BY _____

CASE NUMBER _____

DATE _____

AMOUNT \$ _____