



Office Use Only		Date:	_____
Information verified	<input type="checkbox"/> Yes	Check req:	_____
	<input type="checkbox"/> No		
Approved	<input type="checkbox"/> Yes	Reviewed by:	_____
	<input type="checkbox"/> No		

FUNDING APPLICATION FOR FUNERAL EXPENSES

Please answer all questions. Incomplete applications cannot be assessed for eligibility. Applicants will be notified of their application status within two (2) working days of providing a completed application and related documentation. Applicants must provide a statement of account or invoice from the funeral home.

LAST NAME	_____	FIRST NAME	_____
MAILING ADDRESS	_____	COMMUNITY	_____
HOME PHONE	_____	CELL	_____
NAME OF THE DECEASED	_____		

- What type of assistance are you requesting? *Check all that apply.*
 - Funeral services (to be paid directly to the funeral home) \$_____ (max 1500)
 - Wake and/or luncheon \$_____ (max 500)
 - Miscellaneous \$_____ (max 500)

Please provide a brief description of any miscellaneous expenses _____

- Have you obtained the services of a funeral home?

- YES
- NO

NAME OF FUNERAL HOME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

CONTACT NAME: _____





**ASENIWUCHE
WINEWAK NATION**

3. Have you requested financial assistance from family or friends?
- YES, amount: \$_____
 - NO
4. Are you contributing to any of the funeral expenses?
- YES, amount: \$_____
 - NO
5. Please describe any additional circumstances regarding the present situation that you would like AWN to be aware of when reviewing this application. _____
- _____
- _____

DECLARATION & CONSENT

I understand that this application does not constitute an agreement on the part of Aseniwuche Winewak Nation to provide me with financial assistance.

I declare that all information provided by me in this document is, to the best of my knowledge, correct and complete.

I consent having the information provided on this application verified by Aseniwuche Winewak Nation and any required third parties for the purposes of determining my eligibility for funeral expense funding.

I understand that I may be required to pay back any or all monies received by me or another person I designate if I fail to use the funds as committed and expected or if it is found I have knowingly provided false information.

I acknowledge that providing false information or misusing funeral expense funding may result in the loss of access to financial assistance from AWN in the future.

Applicant signature **Print name** **Date**



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