

YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

PHONE (530)406-5137 FAX (530)669-5841

YOLO COUNTY INDIGENT PROGRAM

The Yolo County Indigent Program is designed to help families who, at this difficult time, are financially unable to pay for final arrangements. The county has chosen direct cremation without services simply to streamline the costs. The amount loaned is not to be considered as a supplement to funds already available to the family or decedent for final arrangements.

If approved, the loan is **\$895.00**. However, should the decedent's weight exceed 300 pounds, additional charges will apply which family will be responsible to repay.

Please return the completed applications to the Yolo County Sheriff ~ Coroner ~ Public Administrator's Office. All applicants must include proof of the applicant's income and most recent bank statement. Incomplete applications or applications without the attachments may not be considered.

If the applicant has received donations, if there is an insurance policy or any other benefits that would pay for the decedent's disposition, <u>DO NOT APPLY</u>. If the decedent is an infant, both parents must sign the cover sheet and provide proof of income or the application may be denied.

THIS IS A LOAN. YOU ARE EXPECTED TO REPAY THE YOLO COUNTY PUBLIC ADMINISTRATOR UNTIL THE LOAN IS PAID IN FULL. UPON APPROVAL, YOU WILL RECEIVE A LETTER ADVISING YOU OF THE AMOUNT OWED AND WHERE YOU SHOULD SEND YOUR PAYMENT. IF AFTER SIX MONTHS, NO PAYMENT IS RECEIVED BY THE COUNTY, YOUR ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.

Please mark the appropriat	e box for re-payment, which is m	nost suitable for your needs
\$50.00 per month (until paid in full	
\$25.00 per month (until paid in full	
\$10.00 per month	until paid in full	
Please mark the payment d month.	ate most suitable for your needs	s. Your payment will be due this date each
10 th of the month	15 th of the mo	onth 30 th of the month
Applicant's Name (Print)		Applicant's Signature
Applicant's Name (Print)		Applicant's Signature

Co-Applicant's Name (Print)

DECEDENT'S NAME: _____

Co-Applicant's Signature

DECEDENTIC NAME.		
	DECEDENT'S NAME:	

APPLICATION FOR INDIGENT PROGRAM

Decedent's Name	SS Nun	nber	
RESIDENCE AT TIME OF DEATH			
BIRTHDATE PL	ACE OF BIRTH	DATE O	F DEATH
LOCATION OF REMAINS	DECEDE	NT'S HEIGHT	WEIGHT
MARITAL STATUS: MARRIED ()	DIVORCED () WIDO	WED () NEVER MA	RRIED ()
VETERAN: YES () NO () BRANC	H/SERVICE NO.	/#	
2. INCOME & ASSETS:			
DECEDENT'S EMPLOYER	P	MONTHLY INCOME \$_	
OTHER MONTHLY INCOME: SSI: \$	S SSA: \$_	VA:	\$
SAVINGS: YES () NO () BALANCE	: CHECKIN	IG: YES () NO () BAL	ANCE:
NAME OF BANK:	BRA	NCH LOCATION:	
3. ASSETS/PROPERTY:			
RESIDENCE AT TIME OF DEATH: _			
DOES DECEDENT: OWN: ()	RENT: () MO	ONTHLY PAYMENT \$_	
VEHICLES: YES () NO ()	CURRENT LOCATION	N:	
YEAR	MAKE	MODEL	
LIFE INSURANCE: YES () NO	()		
IF YES, NAME OF COMPANY:			
FACE VALUE	POLIC	CY #:	
OTHER ASSETS: (CASH, CHECKS, E	TC.)		

DECEDENT'S NAME:	

NEXT-OF-KIN PROOF OF INCOME MUST BE ATTACHED

·	APPLICANT'S NAME	RELATIONSHIP TO	DECEDENT	
APPLICANT'S EMPLOYER MONTHLY INCOME OTHER SOURCES OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME (SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS) INCOME VERIFICATION ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK BRANCH LOCATION SAVINGS: YES () NO () ACCOUNT NO BALANCE CHECKING: YES () NO () ACCOUNT NO BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE	BIRTHDATE	SOC. SEC. #	TELEPHONE NO	
APPLICANT'S EMPLOYER MONTHLY INCOME OTHER SOURCES OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME (SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS) INCOME VERIFICATION ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK BRANCH LOCATION SAVINGS: YES () NO () ACCOUNT NO BALANCE CHECKING: YES () NO () ACCOUNT NO BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE MAKE/MODEL YEAR LICENSE PLATE N	ADDRESS			
OTHER SOURCES OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME (SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS) INCOME VERIFICATION ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK BRANCH LOCATION BALANCE CHECKING: YES () NO () ACCOUNT NO. BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE MAKE/MODEL MAKE/MODEL YEAR LICENSE PLATE N	(STREET)	(CITY)	(STATE)	(ZIP CODE
(SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS) INCOME VERIFICATION ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK BRANCH LOCATION BALANCE CHECKING: YES () NO () ACCOUNT NO. BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE MAKE/MODEL YEAR LICENSE PLATE N	APPLICANT'S EMPLOYER		MONTHLY INCOME _	
INCOME VERIFICATION ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK BRANCH LOCATION BALANCE CHECKING: YES () NO () ACCOUNT NO. BALANCE BALANCE BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE MAKE/MODEL MAKE/MODEL YEAR LICENSE PLATE N	OTHER SOURCES OF INCOME OF	R MEANS OF SUPPORT: MONTH	HLY INCOME	
ATTACH MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT NUMBER OF DEPENDENTS: APPLICANTS BANK	(SOCIAL SECURITY, VA PENSION	I, EMPLOYMENT PENSIONS, DIV	IDENDS)	
NUMBER OF DEPENDENTS:	INCOME VERIFICATION			
APPLICANTS BANK BRANCH LOCATION BALANCE CHECKING: YES () NO () ACCOUNT NO BALANCE APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS: (STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE APPLICANT'S VEHICLES MAKE/MODEL YEAR LICENSE PLATE N	ATTACH	MOST RECENT PAYSTUB; PROO	F OF AFDC; BANK STATEMENT	
SAVINGS: YES () NO () ACCOUNT NO	NUMBER OF DEPENDENTS:			
CHECKING: YES () NO () ACCOUNT NO	APPLICANTS BANK	BRAN	CH LOCATION	
APPLICANT'S REAL PROPERTY: OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS:	SAVINGS: YES () NO () ACC	OUNT NO.	BALANCE	
OWN () RENT: () MONTHLY PAYMENT \$ ADDRESS:	CHECKING: YES () NO () ACC	OUNT NO.	BALANCE	
ADDRESS:	APPLICANT'S REAL PROPERTY:			
(STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE APPLICANT'S VEHICLES MAKE/MODEL YEAR LICENSE PLATE N	OWN () RENT: ()	MONTHLY PAYMENT	S	
(STREET) (CITY) (ST) (ZIP) MORTGAGE COMPANY BALANCE OWED APPROXIMATE VALUE APPLICANT'S VEHICLES MAKE/MODEL YEAR LICENSE PLATE N	ADDRESS:			
APPROXIMATE VALUE APPLICANT'S VEHICLES MAKE/MODEL YEAR LICENSE PLATE N	(STREET)		(ST) (ZIP)	
APPLICANT'S VEHICLES MAKE/MODEL YEAR LICENSE PLATE N	MORTGAGE COMPANY		BALANCE OWED	
MAKE/MODEL YEAR LICENSE PLATE N	APPROXIMATE VALUE		_	
MAKE/MODEL YEAR LICENSE PLATE N	APPLICANT'S VEHICLES			
ANY OTHER ASSETS: YES () NO ()		MAKE/MODEL		LICENSE PLATE NO.
	ANY OTHER ASSETS: YES () NO) ()		
IF YES, EXPLAIN:	IF YES, EXPLAIN:			
	ANY ADDITIONAL NEXT OF KIN-	YES () NO () IF YES, GIVE NA	ME AND RELATIONSHIP:	
ANY ADDITIONAL NEXT OF KIN: YES () NO () IF YES, GIVF NAME AND RELATIONSHIP:	The state of the s			
ANY ADDITIONAL NEXT OF KIN: YES () NO () IF YES, GIVE NAME AND RELATIONSHIP:	NAME		RELATIONSHIP	
	NAME		RELATIONSHIP	
NAME RELATIONSHIP				

DECEDENT'S NAME:	
DECEDENT'S NAME:	

NEXT-OF-KIN PROOF OF INCOME MUST BE ATTACHED

BIRTHDATE ADDRESS(STREE	SOC. SEC #		TELEPHO	ONE NO	
(STRE					
	ET)	(CITY)		(ST)	(ZIP CODE)
CO-APPLICANT'S EMPLOY	YER		MONT	HLY INCOME \$	
OTHER SOURCES OF INCO	OME OR MEANS OF SU	PPORT: MONTHL	Y INCOME \$		
(SOCIAL SECURITY, VA PE	NSION, EMPLOYMENT	PENSIONS, DIVID	DENDS)		
INCOME VERIFICATION _					
A ⁻	TTACH MOST RECENT F	AYSTUB; PROOF	OF AFDC; BANK ST	ATEMENT	
NUMBER OF DEPENDENT	TS:				
CO-APPLICANT'S BANK: _		B	BRANCH LOCATION	;	
SAVINGS: YES () NO ()	ACCOUNT NO.			BALANCE \$	
CHECKING: YES () NO ()	ACCOUNT NO		1	BALANCE \$	
CO- APPLICANT'S REAL PI					
OWN: () RENT: ()	MONTHLY	AVRAFAIT Ć			
OWN: () RENT: ()	WONTHLYP	ATIVIENT 3			
ADDRESS:					
(STRE	ET)	(CITY)	(STATE)	(ZIP CODE)	
MORTGAGE COMPANY _			BALANCE OWED \$_		
APPROXIMATE VALUE \$			_		
CO-APPLICANT'S VEHICLE	ES				
ANY OTHER ASSETS: YES	MAKE/MOD	EL	YEAR	LICEN	SE PLATE NO.
	() :== ()				
IF YES, EXPLAIN:					