



# *YOLO COUNTY SHERIFF'S OFFICE*

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

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

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## 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, DO NOT APPLY. 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.

DECEDENT'S NAME: \_\_\_\_\_

Please mark the appropriate box for re-payment, which is most 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 date most suitable for your needs. Your payment will be due this date each month.

\_\_\_\_ 10<sup>th</sup> of the month

\_\_\_\_ 15<sup>th</sup> of the month

\_\_\_\_ 30<sup>th</sup> of the month

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Name (Print)

\_\_\_\_\_  
Co-Applicant's Signature

DECEDENT'S NAME: \_\_\_\_\_

## APPLICATION FOR INDIGENT PROGRAM

**1. DECEDENT'S BACKGROUND:**

Decedent's Name \_\_\_\_\_ SS Number \_\_\_\_\_

RESIDENCE AT TIME OF DEATH \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

LOCATION OF REMAINS \_\_\_\_\_ DECEDENT'S HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

MARITAL STATUS: MARRIED ( ) DIVORCED ( ) WIDOWED ( ) NEVER MARRIED ( )

VETERAN: YES ( ) NO ( ) BRANCH/SERVICE NO. \_\_\_\_\_/# \_\_\_\_\_

**2. INCOME & ASSETS:**

DECEDENT'S EMPLOYER \_\_\_\_\_ MONTHLY INCOME \$ \_\_\_\_\_

OTHER MONTHLY INCOME: SSI: \$ \_\_\_\_\_ SSA: \$ \_\_\_\_\_ VA: \$ \_\_\_\_\_

SAVINGS: YES ( ) NO ( ) BALANCE: \_\_\_\_\_ CHECKING: YES ( ) NO ( ) BALANCE: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ BRANCH LOCATION: \_\_\_\_\_

**3. ASSETS/PROPERTY:**

RESIDENCE AT TIME OF DEATH: \_\_\_\_\_

DOES DECEDENT: OWN: ( ) RENT: ( ) MONTHLY PAYMENT \$ \_\_\_\_\_

VEHICLES: YES ( ) NO ( ) CURRENT LOCATION: \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LIFE INSURANCE: YES ( ) NO ( )

IF YES, NAME OF COMPANY: \_\_\_\_\_

FACE VALUE \_\_\_\_\_ POLICY #: \_\_\_\_\_

OTHER ASSETS: (CASH, CHECKS, ETC.)

\_\_\_\_\_  
\_\_\_\_\_

DECEDENT'S NAME: \_\_\_\_\_

**NEXT-OF-KIN  
PROOF OF INCOME MUST BE ATTACHED**

1. APPLICANT'S NAME \_\_\_\_\_ RELATIONSHIP TO DECEDENT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

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 \_\_\_\_\_

2. 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 NO.

3. ANY OTHER ASSETS: YES ( ) NO ( )

IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

4. ANY ADDITIONAL NEXT OF KIN: YES ( ) NO ( ) IF YES, GIVE NAME AND RELATIONSHIP:

_____ NAME	_____ RELATIONSHIP
_____ NAME	_____ RELATIONSHIP
_____ NAME	_____ RELATIONSHIP

DECEDENT'S NAME: \_\_\_\_\_

NEXT-OF-KIN  
PROOF OF INCOME MUST BE ATTACHED

1. CO-APPLICANT'S NAME \_\_\_\_\_ RELATIONSHIP TO DECEDENT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOC. SEC # \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (ST) (ZIP CODE)

CO-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: \_\_\_\_\_

CO-APPLICANT'S BANK: \_\_\_\_\_ BRANCH LOCATION: \_\_\_\_\_

SAVINGS: YES ( ) NO ( ) ACCOUNT NO. \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

CHECKING: YES ( ) NO ( ) ACCOUNT NO. \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

2. CO- APPLICANT'S REAL PROPERTY:

OWN: ( ) RENT: ( ) MONTHLY PAYMENT \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

MORTGAGE COMPANY \_\_\_\_\_ BALANCE OWED \$ \_\_\_\_\_

APPROXIMATE VALUE \$ \_\_\_\_\_

CO-APPLICANT'S VEHICLES \_\_\_\_\_  
MAKE/MODEL YEAR LICENSE PLATE NO.

3. ANY OTHER ASSETS: YES ( ) NO ( )

IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_