

Date: _____

Dear _____:

This letter is to inform you about Sault Tribe Self-Sufficiency Fund. This fund is set aside to assist the families of tribal members with funeral expenses including cremation services, funeral services, headstones and plots up to a maximum amount of \$1,000.00.

In order to access funding through this program, the application must be filled out by the family and/or the person making arrangements and returned to us with an **original certified** death certificate (which will not be returned), an itemized funeral bill, and the household income of the deceased tribal member. The funeral home will be paid directly (which is recommended).

In a case where a family member prefers to pay for the funeral themselves, they can be reimbursed. A receipt showing payee's name and the amount is required. The family member receiving payment will receive an IRS 1099 tax form at the end of the year. Upon receipt, please contact your tax preparer for proper treatment. Therefore it is recommended that the Sault Tribe pay the funeral home directly.

Payment will be processed no more than 30 days from the date the application was received. Therefore, please make sure to include all the necessary documents so there will be no delay in processing.

If you or anyone should have any questions, please call 1-800-726-0093. The applications may be mailed to the address listed to the left or on the back of the application.

Sincerely,

Direct Service Assistant

CC: File

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
APPLICATION FOR FINANCIAL ASSISTANCE
FUNERAL FUND – BURIAL ASSISTANCE**

DECEASED TRIBAL MEMBER IDENTIFICATION

NAME: _____
Last
First
Middle

_____ Maiden Name Other Name(s) Used

Date of Birth: _____ Social Security No: _____

Date of Death: _____ Place of Death: _____

Street Address: _____

City-State-Zip Code: _____

HOUSEHOLD INFORMATION

SPOUSE _____
Last
First
Middle

| NAME | RELATIONSHIP | SOCIAL SECURITY | DATE OF BIRTH |
|------|--------------|-----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

HOUSEHOLD INCOME

| Name of Person | Source of Income | Amount of Income | Frequency (week-month) |
|----------------|------------------|------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Household Income for the past 12 months: \$ _____

FUNERAL HOME INFORMATION

Name of Funeral Home: _____

Contact Person Name: _____

Street Address: _____

City-State-Zip Code: _____

Telephone: () _____ Fax: () _____

For prepaid or payments made to the Funeral Home prior to application, please indicate the amount paid as indicated on receipt (please attach receipt) \$ _____

BENEFICIARY INFORMATION

NAME: _____
Last First Middle

Maiden Name Other Name(s) Used

Social Security No.: _____ Date of Birth: _____

Relationship to Deceased: _____

Street Address: _____

City-State-Zip Code: _____

Telephone: Day () _____ Evening () _____

Signature of Beneficiary (required) **Date**

ATTACHMENTS:

- Certified Copy of Death Certificate Itemized Statement from Funeral Home
- Receipt of payment for funeral services for individual identified on application
- Verification of Deceased Tribal Members Household Income or Declaration of No Income

MAIL APPLICATION TO:

Sault Tribe – Anishnaabek Community and Family Services
Funeral Assistance, 2218 Shunk Road, Sault Ste. Marie, MI 49783

CONTACT NUMBERS

Toll Free 1-800-726-0093 Telephone: 906-632-5250 Facsimile: 906-632-5266