

Sun'aq Tribe of Kodiak
Application for Burial Assistance
Employment & Training Programs



NOTICE

In light of the Federal National Emergency declared March 13, 2020, all Sun'aq Tribal offices will be closed to the public, effective immediately, until further notice.

As a measure to protect staff and community members, and slow the spread of the virus, we will be conducting all business via telephone, email, and postal mail until further notice.

Sun'aq Tribe of Kodiak

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Kodiak, Alaska 99615
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Application for Burial Assistance

Required for Eligibility:

- ___ Complete, signed, and dated application
- ___ Copy of Death Certificate
- ___ Proof of decedent's Native ancestry (Tribal Enrollment or a Certificate of Degree of Indian Blood)
- ___ Copy of decedent's State Identification or Driver's License
- ___ Proof of decedent's residence in the Kodiak area
- ___ Proof of application to the State of Alaska Burial Assistance Program & other funding sources
- ___ Copy of bank statement(s) for the month prior to the decedent's date of passing
- ___ Proof of funerary/burial expenses

*****FOR OFFICE USE ONLY*****

Date application received: _____ Application received by: _____

Decision of application: ☐ Approved ☐ Denied Date: ____/____/____

Residency documentation provided: _____

Comments/notes: _____

Case Manager signature: _____ Date: ____/____/____

Record of Income & Resources

Did the deceased have income from any source? ☐ Yes ☐ No

If yes, please list source of income and amounts below.

***** Applicant must provide verification of ALL income reported & received*****

Source of Income	Amount
Salary #1: Deceased's Income/Salary	\$
Salary #2: Spouse's Income/Salary	\$
Adult Public Assistance	\$
Temporary Assistance for Needy Families (TANF)	\$
Public Assistance Burial Funds	\$
Social Security	\$
Disability Insurance	\$
Pension or Retirement	\$
State Longevity	\$
Medicare or Medicaid	\$
Veterans Benefit	\$
Checking Account	\$
Savings Account	\$
Donation-Community	\$
Donation-Native Corporation	\$
Donation-Tribal Organization	\$
Donation-Community	\$
Other	\$
Other	\$
Total Resource Income	\$

Read Before Signing

I apply for financial assistance for burial assistance services for the deceased who is in need. I have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. Sun'aq Tribe is authorized to obtain information necessary to establish eligibility for assistance. I have read, or had explained to me, the provision of my protection under the Paperwork Reduction Act and the Privacy Act.

Relative Applicant Signature

Printed Name

Date