



Helpful Hearts Foundation Application for Assistance

IMPORTANT NOTES: Since Wisconsin is a marital property state, if there is a surviving spouse, financial information of the spouse must be included with this application in order to be considered by the Board of Directors. Applications for assistance must be received within 60 days of the date of death.

Applicants are not eligible for assistance from our organization if they are eligible for the state's Medicaid funeral assistance program (WFCAP).

Has your funeral home called the state to confirm that the Decedent is not eligible for this program? Yes _____ No _____

Decedent's FULL Name: _____ **Date of Death:** _____
City of Death: _____ County of Death: _____
Decedent's Date of Birth: _____ Decedent's Social Security #: _____
County of Residence: _____ Was Decedent Homeless? _____

Applicant's Name: _____
Relationship to Decedent: _____
Phone Number: _____
Mailing Address: _____

Most Recent Employment Information of Decedent

Type of Income: Business Owner Employed Retired Unemployed
Business Name: _____
Business Address: _____

Business Phone Number: _____
Amount of Income: _____
How Often Received (weekly, monthly, etc.): _____

Miscellaneous Household Income:

Public Assistance: _____ Workers Compensation: _____
Social Security: _____ Other (explain): _____
Unemployment: _____
Child Support/Alimony: _____

Assets Belonging to Decedent (and spouse, if applicable)

	Description/Location	Value
Savings	_____	\$ _____
Checking	_____	\$ _____
Retirement	_____	\$ _____
Home	_____	\$ _____
Other Real Estate	_____	\$ _____
Boat, RV, etc.	_____	\$ _____
Automobile(s)	_____	\$ _____
Other	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Liabilities of The Decedent (and spouse if applicable)

	Creditor	Monthly \$	Balance
Mortgage/Rent	_____	\$ _____	\$ _____
Auto Loan	_____	\$ _____	\$ _____
Utilities	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Credit Cards	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

Did the decedent have life insurance? If yes, explain. Yes No

Please use this space to describe your personal situation and your reasons for requesting assistance*:

*use additional sheets of paper if necessary

Any of the following documents you can gather and submit for the deceased will speed the application process, and will assist the Board in making their final decision. (A minimum of two are **required.**)

- | | |
|---|---|
| _____ Most Recent 30 Days of Pay Stubs | _____ Most Recent Retirement Acct Statement |
| _____ Recent Proof of Other Income | _____ Proof of Housing/Rent Amount |
| _____ Last 2 Years of Income Taxes | _____ Last 2 Months Bank Statements |
| _____ Policy Information on Any Life Insurance Policies of Deceased | |

By signing below, the applicant signifies the following: The applicant gives Helpful Hearts Foundation, Inc. permission to verify all information provided in this application. If the deceased had a life insurance policy, those funds are required to be used toward the funeral or cremation costs before any assistance will be considered. If any information is found to be false or incomplete, application will be rejected. If funds have already been dispersed and information is later found to be false or incomplete, applicant understands that the Foundation will have cause to pursue legal action to recover the funds.

Signature of Applicant _____ Date _____