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 **$995.00.** 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.

____ 10th of the month ____ 15th of the month ____ 30th 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:

   _____

   _____