



Mayor Alex B. Morse

Jesus M Pereira, Director

City of Holyoke

Department of Veterans' Services

June 15, 2020

CDBG COVID-19 Veteran Burial Assistance Procedures and Policies

1. Eligibility
 - a. To be eligible one must be a representative of a "Veteran", dependent of a "Veteran", or family member of a "Veteran" as defined under M.G.L. c.4, sec. 7, cl.43rd as amended by acts of 2005, ch.130
 - b. The Veteran must have been considered a City of Holyoke resident
 - c. The applicant must be below 80% of the AMI (1 person \$47,850 or below, 2 persons \$54,650 or below, 3 persons \$61,500 or below)
 - d. Funeral expenses may not exceed \$12,000 and this program will pay up to \$4,000 directly to a Funeral Home.
 - e. Applicant must have a current balance with a Funeral Home (reimbursements cannot be made to the applicant)
2. Application Process
 - a. Complete "Application for CDBG COVID-19 Burial Expenses"
 - b. Complete "Client Intake Form"
 - c. Submit Application, Intake form, Death Certificate, Funeral Bill, Income Verification and the Veterans DD-214 to the Holyoke Veterans' Services Department 310 Appleton Street Holyoke MA 01040 or email to pereiraj@holyoke.org.
3. Selection Process
 - a. Applicants who meet the eligibility requirements will be selected in a "first come first serve" basis.
 - b. Once our office expends \$30,000 we will no longer be able to fund anymore requests.

Should you have any questions or concerns, please feel free to contact me at pereiraj@holyoke.org or (413) 322-5630.
Sincerely,

Jesus M Pereira,
Director Veterans' Services

Application For CDBG COVID-19 Burial Expenses

Required Documents: Death Cert/ Funeral Bill/ Income Verification/ DD-214

Date:

Full name of deceased Veteran

Community where deceased resided

Date of death (month-day-year)

Place of Death

Was death COVID-19 related? Yes No

City or Town of burial

Name of Cemetery

Applicant Full Name

Relationship of applicant to deceased (i.e. Spouse, Child, Cousin, Friend, other)

Phone Number of applicant

Address of Applicant

Monthly income of applicant (i.e. Social Security, Pension, IRA/401K, V.A. Comp/Pension)

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

Signature of Applicant

Date

Signature of Veterans' Agent

Date

CLIENT INTAKE FORM

2020

Agency: _____ Date: _____

Client Name: _____

Address: _____

Female Head of Household: Yes No

Disabled: Yes No

Hispanic: Yes No

Elderly: Yes No

Race (must check one one): White Black Asian American Indian Pacific Islander Other/Mixed

Income: You must circle how many people are in your household AND circle your household income under that column

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% Very Low	\$17,950 or below	\$20,500 or below	\$23,050 or below	\$26,200 or below	\$30,680 or below	\$35,160 or below	\$39,640 or below	\$44,120 or below
50% Low	\$29,900 or below	\$34,200 or below	\$38,450 or below	\$42,700 or below	\$46,150 or below	\$49,550 or below	\$52,950 or below	\$56,400 or below
80% Moderate	\$47,850 or below	\$54,650 or below	\$61,500 or below	\$68,300 or below	\$73,800 or below	\$79,250 or below	\$84,700 or below	\$90,200 or below
Over 80%	\$47,851 or higher	\$54,651 or higher	\$61,501 or higher	\$68,301 or higher	\$73,801 or higher	\$79,251 or higher	\$84,701 or higher	\$90,201 or higher

Signatures are required

I certify that all information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal duns, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I also understand that this information will NOT be released to unauthorized persons.

Client Signature Date Staff Signature Date

If Client is unable to sign - please provide the date and time of the staff interview

Time

Due to our monitoring requirements by HUD if this form is incomplete it will not be entered as a new client

Thank you

April 29, 2020 - Previous Versions are Obsolete

FORMULARIO DE ADMISION DE CLIENTE

2020

Agencia : _____ **Fecha:** _____

Nombre del Cliente: _____

Dirección: _____

Jefe de Familia Femenino: Si No

Incapacidad: Si No

Hispano: Si No

Ancianos: Si No

Raza: (marca de verificación): Blanco Asiático Indio Americano Isleño del Pacífico Other/Mixtro

Debe circular el número de las personas en su familia y circule los ingresos de los hogares debajo de la misma columna.

Tamaño de la Familia	1 Persona	2 Personas	3 Personas	4 Personas	5 Personas	6 Personas	7 Personas	8 Personas
30% Muy Bajo	\$17,950 o inferior	\$20,500 o inferior	\$23,050 o inferior	\$26,200 o inferior	\$30,680 o inferior	\$35,160 o inferior	\$39,640 o inferior	\$44,120 o inferior
50% Bajo	\$29,900 o inferior	\$34,200 o inferior	\$38,450 o inferior	\$42,700 o inferior	\$46,150 o inferior	\$49,550 o inferior	\$52,950 o inferior	\$56,400 o inferior
80% Moderado	\$47,850 o inferior	\$54,650 o inferior	\$61,500 o inferior	\$68,300 o inferior	\$73,800 o inferior	\$79,250 o inferior	\$84,700 o inferior	\$90,200 o inferior
En 80%	\$47,851 o superior	\$54,651 o superior	\$61,501 o superior	\$68,301 o superior	\$73,801 o superior	\$79,251 o superior	\$84,701 o superior	\$90,201 o superior

Firmas Requeridas

Yo certifico que toda la información en este formulario es correcta, es verdadera, y que se han reportado todos los ingresos. Yo entiendo que ésta información es dada para recibir fondos federales, que ésta información puede ser verificada, y que la falsificación deliberada de la información me puede hacer sujeto a persecución bajo las leyes estatales y federales. Yo también entiendo que la información NO será divulgada a personas no autorizadas.

Firma del Cliente

Fecha

Firma de Personal

Fecha

Si el Cliente no puede firmar, proporcione la fecha y hora de la entrevista del personal

Hora

Debido a requisitos de monitoreo con HUD si éste formulario está incompleto, no será ingresado como un cliente nuevo

Gracias

30 de Abril de 2020 – Las versiones anteriores son obsoletas