

Park and Recreation Department

MT HOPE CEMETERY

LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. This program does not apply if participating in programs meant to cover internment or covered by insurance. All fraudulent claims will be submitted to the City Attorney for review and prosecution.

Name of Deceased:		
Address:		
City:	State	_Zip Code
Social Security Number of Deceased		
City of San Diego resident? (Circle)	YES	NO
Size of Family (check one) Annual Income (1) \$21,059 (2) \$34,497 (3) \$47,364	Annual Income (4) \$58,465 (5) \$68,995 (6) \$80,693	

For larger families, add \$11,698 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program initial

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that I am the legal next of kin and that the above statements are true. I hereby permit the City of San Diego to verify the deceased's income through the Internal Revenue Service.

Signed/ Relationship	Date	
For Office Use Only: POR	POI	
IVE S/ IRS		
Approved: Y N	Date	

Guidelines

Mt. Hope Low-Income Fee Waiver

- 1. Applicant <u>must</u> be a City of San Diego resident, not County of San Diego
- 2. The Low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
 - a. Social Security-Award/Benefit Letter
 - b. Internal Revenue (IRS) Tax Return
 - c. Health & Human Services Notice of Action (dated within 30 days)
- 3. The Department of Labor has published the 2023 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	\$21,059
2	\$34,497
3	\$ 47,364
4	\$58,465
5	\$68,995
6	\$80,693
More than 6	Each additional family member add \$11,698

- 4. <u>If the deceased was living with family at time of death, and had not filed a</u> separate income tax form, the family's income will be taken into account.
- 5. The deceased must not have personal assets over \$2000
- 6. Residency can be proven by the following methods
 - a. <u>Valid</u> California driver's license/ identification card displaying City of San Diego address
 - b. Current utility bill
 - c. Current monthly checking statement
 - d. Rental/lease agreement and month rent receipt
 - e. Property tax statement
 - f. Active/Retired duty military ID with City of San Diego address
- 7. Residency is based on the address of the deceased prior to entering a hospital, Hospice, or other terminal illness care facility
- 8. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, flower vases, late charges, or Saturday services
- 9. A double depth (2 person/double use) crypt may be purchased under the lowincome fee waiver. The family **must pay full price** for the double depth crypt at the time of the <u>first burial</u>. Eligibility for the 2nd deceased person in the lowincome program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
- 10. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
- 11. The low-income fee waiver is intended for a full "At Need" service only.

ALL FRAUDULENT CLAIMS WILL BE SUBMITTED TO THE CITY ATTORNEY



Park and Recreation Department

LOW INCOME PROGRAM SUPPLEMENTAL INFORMATION

All persons applying for this program are required to submit verification and proof of residency as proof of qualification.

NAME OF APPLICANT:	
ADDRESS:	PHONE: ()
HOUSEHOLD RESIDENTS: First and Last Name	Annual Income
1	
2	
3	
4	
5	
6	
7	
8	

I hereby certify that the information provided is true and that my family's economic situation qualify for the Low Income program, and that I reside in the City of San Diego.

HEAD OF HOUSEHOLD SIGNATURE

Proof of Residency: \Box Valid California Driver's License/Identification Card displaying City of San Diego address and one of the following: \Box current utility bill, \Box current monthly checking statement, \Box rental/lease agreement and current month rent receipt, \Box property tax statement, \Box active military identification card, \Box retired military identification card.

APPROVED BY

DATE

DATE

*Since IRS tax returns contain personal identifying information, copies of the verifying documents should not be retained and should be disposed of properly to prevent loss.