

Guidelines

Mt. Hope Low-Income Fee Waiver

1. Applicant must 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 2013 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

<u>Size of Family</u>	<u>Annual Income</u>
1	\$ 18,801
2	\$ 30,798
3	\$ 42,286
4	\$ 52,196
5	\$ 61,597
6	\$ 72,041
More than 6	Each additional family member add \$10,444

4. If the deceased was living with family at time of death, and had not filed a 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. Valid 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 low-income fee waiver. The family **must pay full price** for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income 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**

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

DATE

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

APPROVED BY

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.