

COUNTY OF MONMOUTH
Department of Human Services
Division of Social Services

Pamela Biel
Director

Nancy Culp
Deputy Director



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RESOURCE STATEMENT LETTER

I HEREBY STATE THAT TO MY KNOWLEDGE _____, HAD THE
FOLLOWING ASSET(S):

CASH ON HAND: \$ _____
BANK ACCOUNTS: \$ _____
LIFE INSURANCE: \$ _____
BURIAL FUNDS: \$ _____
OTHER ASSETS: \$ _____

I FURTHER STATE THAT THE FAMILY IS IN NEED OF FINANCIAL HELP FROM THE MONMOUTH COUNTY DIVISION OF SOCIAL SERVICES TO MEET FUNERAL EXPENSES. IF ANY FAMILY OR FRIEND(S) HAS OR WILL CONTRIBUTE TO THE COST OF THE FUNERAL, I WILL INFORM THE DIVISION OF SOCIAL SERVICES.

PAYMENT WILL NOT BE AUTHORIZED UNTIL THE RESPONSIBLE PARTY RETURNS THIS LETTER.

SIGNED

RELATIONSHIP