

Section 1: Applicant Information

Applicant Social Security Number _____

Applicant Date of Birth _____

Relationship to Veteran _____

Last Name _____

First Name _____ Middle Initial _____

Section 2: Demographic

Street Address _____

Town State/Zip _____

Phone _____

Email _____

Section 3: Veteran Information

Last Name _____

First Name _____ Middle Initial _____

Suffix _____ Date of Birth _____

Branch of Service _____ Service Start Date _____ Service End Date _____

Section 4: Applicant's Ethnicity/Race

This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect the eligibility or amount. Circle or write in the correct answer.

Male or Female? Male Female U.S. Citizen? Yes No

Spoken Language? _____ Hispanic or Latino? _____

Race? _____ Disabled? Yes No

Section 5: Household Members Seeking Aid

1st Household Member

Relationship to Veteran

Last Name _____

First Name _____ Middle Initial _____

Suffix _____ Date of Birth _____

Male or Female? Male Female U.S. Citizen? Yes No

2nd Household Member

Relationship to Veteran

Last Name _____

First Name _____ Middle Initial _____

Suffix _____ Date of Birth _____

Male or Female? Male Female U.S. Citizen? Yes No

3rd Household Member

Relationship to Veteran

Last Name _____

First Name _____ Middle Initial _____

Suffix _____ Date of Birth _____

Male or Female? Male Female U.S. Citizen? Yes No

* Additional Household members seeking aid may be listed on a separate sheet and attached to the application.

Section 6: Employment

Note: This information is required even if the Veteran has been retired for several years.

Name of Last Employer: _____

Last Employer Address: _____

Length of Employment in months: _____ Self Employed? _____

Occupation _____

Reason for Application (circle one)

Medical

Financial: Retired

Financial: Unemployed *

Financial: Underemployed

Financial: Disabled **

* If you answered **Financial: Unemployed**, continued benefits will be dependent your cooperation with the Veteran's Service Officer to participate in an employment plan. Please submit a copy of your current resume, how long you have been unemployed, what actions you have taken to gain employment, and if you currently qualify for Post 9-11 G.I. Bill benefits. Be aware that, according to Code of Massachusetts Regulation 108 7.01 (4) *The veterans' agent shall deny further veterans' benefits to employable applicants who refuse, without good cause, to accept any bona fide offer of employment for which they are reasonably qualified based on their skills, training, physical condition, and present circumstances.*

Notwithstanding the foregoing, applicants may be required to accept minimum wage employment.

** If you answered Financial: Disabled, we will need medical documentation from your medical provider stating that you are unable to work due to a medical disability.

Section 7: Shelter

Does the applicant own a home? Yes No

Date of Original Mortgage _____

Original Mortgage Amount _____

Current Balance _____

Is this a multi-family building? Yes No

Monthly income from property _____

Do you have a second mortgage or equity line? Yes No

Have you sold or transferred any real estate within the past 36 months? Yes No

Do you pay for any of the following:

Heating / Air conditioning separate from rent? Yes No

Electricity or gas for cooking? Yes No

A telephone, including a Cellular phone? Yes No

Section 8: Autos

How many vehicles are owned or leased by the applicant and or spouse? _____

Vehicle 1

Year _____ Make _____ Model _____

Registration Number _____ State _____

Vehicle 2

Year _____ Make _____ Model _____

Registration Number _____ State _____

* Additional vehicles may be listed on a separate sheet and attached to the application.

Section 9: Obligations

Is the applicant obligated to pay support for children?	Yes	No
Is the applicant in arrears for any support payments?	Yes	No
Is the applicant currently in receipt of any other public assistance from any other source?	Yes	No
Has the applicant received or is receiving MGL c 115 benefits from any other community?	Yes	No

Section 10: Investments

List the Name, Account Number(s), and current value of all IRAs, Savings bonds, Money Market 401K accounts, or any other type of savings, investment or retirement account of any kind.

Account 1

Name of account _____
Account Number _____
Current Value \$ _____

Account 2

Name of account _____
Account Number _____
Current Value \$ _____

Account 3

Name of account _____
Account Number _____
Current Value \$ _____

* Additional accounts may be listed on a separate sheet and attached to the application.

Section 11: Insurance

Does the applicant or spouse have medical insurance? Yes No

Company Name _____

Insurance Type (HMO, PPO, etc) _____

Premium Amount _____

Medicare Part A? Yes No Effective Date: _____

Medicare Part B? Yes No Effective Date: _____

Prescription Drug Plan? Yes No Plan Name: _____

Prescription Advantage Plan? Yes No

Section 12: Document Checklist

- DD 214
- Social Security **Statement & Card** Income Verification, i.e. *pension, etc*
- Last 3 bank statements/and or bank books for all accounts (all pages)
- Marriage certificate *if applicable*
- Insurance types and cards (*to include VA*)
 - Medicare
 - Primary Insurance
 - Prescription Advantage
 - Mass Health *of any type*
- Death Certificate
- License/ID card
- Car registration & Insurance
- Income Taxes
- Rent receipt/lease showing utilities (with W-9 if no lease)
- Utility Bill for Heat Source or Cancelled Check Showing Payment
- Electric bill showing rate
- Life insurance
- List of debts
- Doctor's Statement
- Proof of Residency

If homeowner:

- Receipt of homeowners insurance
- 12 months of water/sewer payments faxed to (413) 772-1401
- Mortgage, if applicable
- Real estate taxes

If school age children:

- School registrations
- Birth certificates

INVESTIGATOR MAY REQUEST ADDITIONAL INFORMATION DURING REVIEW.

IAW 108 CMR 4.02(5) REQUESTED DOCUMENTS MUST BE RETURNED WITHIN 10 DAYS FROM DATE REQUESTED.

END OF WORKSHEET

When you have gathered your documents, please call the Upper Pioneer Valley Veterans' Services District main office to schedule an appointment. Our Veterans' Service Officers will work directly with you to ensure that you have the correct documents at the time of your application.

You may schedule an appointment to apply for MGL c. 115 benefits by (413) 772-1571