



William F. Martin
Mayor

City known as the Town of
GREENFIELD, MASSACHUSETTS

DEPARTMENT OF VETERANS SERVICES
TIMOTHY NIEJADLIK

Director

294 Main Street • Greenfield, MA 01301
Phone 413-772-1571 • Fax 413-772-1401

Timothy.Niejadlik@greenfield-ma.gov • www.greenfield-ma.gov

Application for Assistance Greenfield Municipal Veterans Assistance Funds

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Request: In your own words explain, your situation, how this assistance will help and what other sources of assistance you have sought

Signature: _____ Date: _____

VSO Decision: _____

VSO Signature: _____ Date: _____

The City of Greenfield reserves its right to alter these guidelines at anytime without prior notice.



*The Town of Greenfield is an Affirmative Action/Equal Opportunity Employer,
a designated Green Community and a recipient of the "Leading by Example" Award*

Greenfield Veteran Assistance Fund Application

ALL APPLICATIONS REVIEWED ON A CASE BY CASE BASIS

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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: 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

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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

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

Section 5: Employment

Note: This information is required if not retired or collecting disability payment.

Name of Employer: _____

Employer Address: _____

Length of Employment in months: _____ Self Employed? _____

Occupation _____

Reason for Application (circle one)

Medical

Financial: Retired

Financial: Unemployed *

Financial: Underemployed

Financial: Disabled **

Section 6 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 _____

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Section 7: 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 \$ _____

Section 8: Document Checklist

- DD 214
- Social Security **Statement or/and** Income Verification, i.e. *pension, wages etc*
- Last bank statement and / or bank books for all accounts (all pages)
- Marriage certificate and/ or Death certificate *if applicable*
- License/ID card
- Rent receipt/lease/Mortgage
- Utility Bill for Heat Source
- Proof of Residency

Greenfield Veteran Assistance Fund Explained

The City of Greenfield has adopted Massachusetts General Law Chapter 60, Section 3F. This fund allows residents and property owners to voluntarily donate funds to the "Veterans' Assistance Fund." These funds can be provided provide emergency assistance to eligible Greenfield resident veterans or their qualified dependents in 3 areas. The eligible uses are food, heating and transportation. The maximum fund distribution per applicant is \$500.00. Applicants seeking assistance for food bills will be allotted \$50.00 per eligible household member per week for two weeks. All applicants are expected to contribute 10% of the total cost of any eligible payment; this may be waived with approval by the Veteran Service Officer of Greenfield. Applicants may only apply once every three years.

Once an application is received and if the applicant is approved for a particular request, Greenfield will provide payment to the selected vendor for one of the three allowed uses of the fund.

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A military discharge considered to be a “bad discharge” will be reviewed with the applicant on a case by case basis to determine eligibility for assistance. A veteran will be defined in accordance with Massachusetts General Law, Chapter 115, Sections 1 & 6A

In accordance with 108 CMR 5.02 & 6.01(2) current recipients of public assistance under M.G.L. Ch 115 that qualify for any assistance from this fund are to be informed this will count as income during the period payment is made on the applicants behalf.

Please call with any questions at any time during the application process.

END OF APPLICATION

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 the Assistance Fund by calling (413) 772-1571

Department of Veterans Services
 14 Court Square
 Greenfield, MA 01301-
AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ DOB: _____ SS# _____
 Address: _____
 Town / City: _____

I, the above named individual, authorize the release of information to verify the eligibility for Veterans' Benefits under Massachusetts General Law Chapter 115 from the following sources:

Internal Revenue Service	Department of Revenue	Credit Reporting Bureaus
Financial Institutions	Criminal History board	Past employers
Law Enforcement Agencies	School, Colleges, Universities	Present Employers
U.S. Postal Service	U.S. Department of Defense	Department of Transitional assistance
Real Estate Agencies	Stock / Bond Brokerage Houses	Mortgage Companies
Landlords (past and present)	Registry of Motor Vehicles	Banks
U.S Office of Personnel Management		Insurance Companies
City / Town departments	Courts (State & Federal)	Libraries
Former Spouses	Registrar of Deeds	Retirement Boards
Retail Establishments	Medical Practitioners	Pharmacies
Credit Unions	Gyms, Health Clubs, Spas	Holistic Care givers
Physical Therapies	Medical Insurance providers	Public Utility Companies
U.S. Social Security Administration		Housing Authorities
State Employment Security Agency		
Providers of: Alimony	Child Support / Child care	Health Care
Medical Care	Pensions / Annuities	Handicapped Assistance

I hereby give each of the above named entities my permission to release information about me and my family to the office of the commissioner of veterans' services. I would appreciate your prompt attention in supplying the information requested to the Department of Veteran Services

I understand that a photocopy of this authorization is valid as the original.

Thank you for your cooperation in this matter.

 Signature

 Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM
 THE DATE NOTED ABOVE**