The Commonwealth of Massachusetts
Department of Veterans' Services
APPLICATION FOR VETERANS' BENEFITS – Form VS-1
(Massachusetts General Laws, Chapter 115) To be filled out by the VSO Only. Any application filled out by the Applicant is invalid.

Date Stamp

Is there an Assignment or Lien against this case? Yes ☐ No ☐

Assignment (108 CMR 6.04) or Lien (108 CMR 6.03) documentation must be submitted with the application for reimbursement.

Application Date: --- State Case Number: ---

Applicant's SSN: --- Spouse's SSN: ---

City/Town(Paying): --- War Code: ---

Applicant's Name: --- Relation to Veteran: ☐Self - ☐Spouse - ☐Widow - ☐Child

Applicant's DOB: --- Local Use: ---

Address: --- Zip Code: ---

Applicant's Tel. #: --- Section/Neighborhood: ---

Name of Last Employer or if Retired - Last Employer: --- Length of Employment (In Months): ---

Address of Last Employer: --- Occupation: ---

Employment last Two Years: --- Self Employed? Yes ☐ No ☐ If Yes - Prior Approval Required.

Reason for Application: Medical ☐ Financial ☐ Reason for Unemployment: ---

Is Applicant Able to Work? Yes ☐ No ☐ If "No" - Medical Report must be attached per 108 CMR 7.01(5)(a).

Veteran's Name (if not Applicant): ---

Address: ---

PERSONS IN HOUSEHOLD SEEKING AID

Members of Household Including Applicant	Date of Birth	Relationship to Applicant	School / Incapacity/ Occupation	Name of Employer	Monthly Wages	Contribution to Household
---	---	---	---	---	---	---
---	---	---	---	---	---	---
---	---	---	---	---	---	---
---	---	---	---	---	---	---

REAL ESTATE OWNED BY APPLICANT and/or SPOUSE (List address & description of real estate in which equity is held.)

Date of Original Mortgage: --- Orig. Mortgage Amt: --- Current Balance: ---

Is this a multiple family building? Yes ☐ No ☐ Monthly Income from property: ---

Do you have a second mortgage or Equity Line? YES ☐ NO ☐ If Yes, provide complete details on the VS-21A

Have you sold or transferred any real estate within the last 36 months? YES ☐ NO ☐ Dates: --- Attach Explanation to the VS-21A

AUTOMOBILES OWNED OR LEASED BY THE APPLICANT and/or SPOUSE

Number of Vehicles in Household; Year, Make, Model. Registration Number and State of each vehicle. List all vehicles even if not registered. (Use additional sheet if needed): ---

Is Applicant obligated to pay support for children? Yes ☐ No ☐ Is Applicant in arrears for any support payments? Yes ☐ No☐

Is Applicant currently in receipt of any other public assistance from any other source? Yes ☐ No ☐

Has Applicant received or is receiving C. 115 benefits from any other community? Yes ☐ No ☐

List the Name, Account Number(s), and current Value of all IRAs, Savings Bonds, Money Market Accounts, Certificates of Deposit, 401K accounts, or any other type of savings, investment or retirement account of any kind. (use additional sheet if needed):	---

Has Applicant transferred any Bonds, Bank Books, or any amount of Money; made an Irrevocable Beneficiary on any insurance or assigned any insurance; do you have a joint account with any other person; created any real property trusts, living wills, etc.?
YES ☐ NO ☐ If "YES" prior approval from DVS is required. Describe Fully on the VS-21A.

List all outstanding creditors and amounts owed, including any personal loans (use additional sheet if needed).	---
Give full details of all bank withdrawals in the past 12 months other than monthly living expenses. (use additional sheet if needed).	---

LIFE INSURANCE: YES ☐ NO ☐

Name of person insured	Amount	Monthly Premium	Policy No.	Company	Beneficiary
---	---	---	---	---	---
---	---	---	---	---	---

DOES APPLICANT OR SPOUSE HAVE MEDICAL INSURANCE? YES ☐ NO ☐

Name of Company: ---	Premium Amount: ---
Type: ---	

Does Applicant's Court Record have any effect on this application? YES ☐ NO ☐	If yes, Prior Approval from State Required! Explain.
(See 108 CMR 3.06(1)(d).) (Use additional sheet if needed.) ---	

Documentation Attached	Yes	No	N/A
DD Form 214 / Separation Document	☐	☐	☐
Marriage Certificate	☐	☐	☐
Birth Certificate (Adoption Papers)	☐	☐	☐
Death Certificate	☐	☐	☐
Income Verification for Applicant	☐	☐	☐
Income Verification for Spouse	☐	☐	☐
Shelter Expense Verification	☐	☐	☐
Last Three Bank Statements	☐	☐	☐
Divorce Paperwork	☐	☐	☐

Income Verification	Applicant	Spouse	Children	N/A
VA Compensation	☐	☐	☐	☐
VA Pension	☐	☐	☐	☐
Social Security	☐	☐	☐	☐
SS Disability	☐	☐	☐	☐
SSI	☐	☐	☐	☐
Retirement	☐	☐	☐	☐
Other Income	☐	☐	☐	☐
Unemployment	☐	☐	☐	☐
Workman's Comp	☐	☐	☐	☐
Strike Benefits	☐	☐	☐	☐

Documentation Required To Be Maintained at Local VSO/Agent Office (Do not submit to State unless requested.)	Yes	No	N/A
Agreement to Reimburse	☐	☐	☐
Release of Information	☐	☐	☐
"Computer Match" Consent Form for Applicant	☐	☐	☐
"Computer Match" Consent Form for Spouse	☐	☐	☐
Notice of Determination	☐	☐	☐
Job Searches	☐	☐	☐

Special Documentation To Be Submitted To State DVS	Yes	No	N/A
Income Tax Records (Self-employed)	☐	☐	☐
Child School Verification	☐	☐	☐
Notice of Intent	☐	☐	☐
Notice of Action	☐	☐	☐
Trust Fund Records	☐	☐	☐
Other (explain on VS-21A):	☐	☐	☐

The Commonwealth of Massachusetts
Department of Veterans' Services
APPLICATION FOR VETERANS' BENEFITS – Form VS-1
(Massachusetts General Laws, Chapter 115) To be filled out by the VSO Only. Any application filled out by the Applicant is invalid.

Applicant's Initials	Spouse's Initials	EACH STATEMENT BELOW MUST BE READ, THEN INITIALED, AND THEN SIGNED AND DATED BY THE APPLICANT AND THE SPOUSE, IF MARRIED.
		I have completely read all three pages of this form. If I had a question on any issue, I asked for an answer and I received an answer that I understood.
		I have not concealed money on hand or in the bank (in either my own name or that of some other person for my benefit) or any ownership in personal or real property of any kind.
		I hereby agree to notify the Veterans' Services Officer/Agent immediately of any change in my circumstances including, but not limited to, if I obtain employment, win or receive money from any source, receive any merchandise in lieu of money, change of address, leaving the State for more than seven (7) days, sell any real or personal property, or receive an inheritance.
		I have read, signed, and accepted the provisions of Chapter 367, Section 54A, of the Acts of 1978, which is the Computer Match Consent Notice.
		I am not receiving Veterans' Benefits from any other city or town in Massachusetts, or benefits of any type from any other state or federal agency other than those listed on this form.
		I understand and agree that any false statement in this application or a violation of this agreement will cause the refusal of future assistance.
		I declare under the penalties of perjury that the statements herein made are correct and true.

Signature of Applicant

Printed/Typed Name of Applicant
Date: ---

Signature of Spouse

Printed/Typed Name of Spouse
Date: ---

I, the undersigned Veterans' Services Officer/Agent, have asked the Applicant for a response to every question on this form or for all information sought on this form.

Where appropriate, I have entered "None" or "N/A" (Not Applicable) or the number zero ("0")).

I have reviewed all the responses to the requested information on this form and I am making the following recommendation:
☐ I am recommending benefits for this applicant.
☐ I am NOT recommending benefits for this applicant.

Date: ---

Signature of Veterans' Services Officer/Agent

VSO's Printed or Typed Name: ---

ALL ITEMS MUST BE COMPLETED OTHERWISE THIS FORM WILL BE RETURNED!
THIS FORM MUST BE ACCOMPANIED BY A VS-21A!