**APPLICATION FOR CHAPTER 115**

**MASSACHUSETTS VETERAN’S BENEFITS**

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| --- | --- |
| **Today’s Date:** |  |
|  |
| **APPLICANT** | **Vet?****Y or N** | Last name First Name Middle Initial Suffix |
| **Applicant’s Social Security Number** |  | **Applicant’s Date of Birth** |  |
|  |
| **SPOUSE** | **Vet?****Y or N** | Last name First Name Middle Initial Suffix |
| **Spouse’s Social Security Number** |  | **Spouse’s Date of Birth** |  |

**DEMOGRAPHICS**

|  |  |
| --- | --- |
| **Residential Address** | **Street Apartment # Town State Zip** |
| **Telephone** |  | **Applicant e-Mail** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Branch of Service** |  | **Honorable Discharge** | 🞏 Yes 🞏 No |
| **Service Date Started** |  | **Service Date Ended** |  |

**Applicant’s Ethnicity / Race:** This information is collected in order to make sure that EVERYONE is treated fairly. Your responses are voluntary and will not affect your eligibility or benefit amount.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Gender** | 🞏 Male 🞏 Female | **Race** | 🞏 American Indian or Alaskan Native |
| **Applicant’s primary language** |  | 🞏 Asian |
| **Ethnicity – Hispanic or Latino** | 🞏 Y 🞏 N | 🞏 Black or African American |
| **Applicant – US Citizen?** | 🞏 Y 🞏 N | 🞏 Native Hawaiian or Pacific Islander |
|  | 🞏 White |
| 🞏 Other (specify) |

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| --- | --- | --- |
| **Special Circumstances** | 🞏 Physical/Mental Impairment | 🞏 Interpreter Required |
| 🞏 Hearing Impaired | 🞏 Sign Language Required |
| 🞏 Visually Impaired | 🞏 Other (specify) |

**RECIPIENT(S)**

Household Members seeking assistance

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Suffix** | **Date of Birth** | **Relation** | **Gender** | **U.S. Citizen?** |
| A |  |  |  |  | Applicant |  |  |
| B |  |  |  |  | Spouse |  |  |
| C |  |  |  |  | \* |  |  |
| D |  |  |  |  | \* |  |  |
| E |  |  |  |  | \* |  |  |

 \* Relation Options: Child, Parent, Other

**APPLICANT’S EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Most Recent Employer** | **Employer’s Address** | **Length of employment in months** | **Occupation** |
|  |  |  |  |
| **If unemployed, why and how long?** |  |
| **Were you self-employed?** |  |
| **Are you able to work now?** | 🞏 Yes 🞏 No | If no, a medical report must be attached per 108 CMR 7.01(5)(a) |
| **Reason for this application for Chapter 115 benefits** | 🞏 Medical Need 🞏 Financial Need |

**TYPICAL MONTHLY INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Income** | **Applicant** | **Spouse** | **Child/Children** |
| **VA Pension** |  |  |  |
| **VA Compensation** |  |  |  |
| **Social Security** |  |  |  |
| **SSI** |  |  |  |
| **SSDI** |  |  |  |
| **Retirement Pension** |  |  |  |
| **Countable Wages** |  |  |  |
| **Unemployment** |  |  |  |
| **Worker’s Comp** |  |  |  |
| **Long-Term Disability** |  |  |  |
| **Sick Leave Pay** |  |  |  |
| **Other reportable income** |  |  |  |

**SHELTER AND/OR REAL ESTATE**

|  |  |  |
| --- | --- | --- |
| If you **RENT …** | **Current Monthly Rent** |  |

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| --- | --- | --- | --- | --- |
| **If you own a home …** | **Do you have a mortgage** | 🞏 Yes 🞏 No | Current Balance |  |
| **Is this a multi-family home?** | 🞏 Yes 🞏 No | Monthly income from property |  |
| **Do you have a second mortgage or equity line?** |  |
| **Have you sold or transferred any real estate within the last 36 months?** | 🞏 Yes 🞏 No | When?  |  |

|  |  |  |
| --- | --- | --- |
| **Do you pay for any of the following items?** | **Heat/Air conditioning separate from rent?** | 🞏 Yes 🞏 No |
| **Electricity or Gas for cooking?** | 🞏 Yes 🞏 No |
| **Telephone (including cell)** | 🞏 Yes 🞏 No |

**AUTOMOBILES** **– List all vehicles … even if not currently registered**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate year, make, model, License Plate, State of registration** |  | 🞏 Leased🞏 Owned | Monthly Payment |
| **Indicate year, make, model, License Plate, State of registration** |  | 🞏 Leased🞏 Owned | Monthly Payment |

**FINANCIAL OBLIGATIONS**

|  |  |  |
| --- | --- | --- |
| **Is the applicant obligated to pay:** | 🞏 Yes 🞏 No | Support for any child/children? |
| 🞏 Yes 🞏 No | Is the applicant in arrears for any support payments? |
| 🞏 Yes 🞏 No | Is the applicant currently receiving any other public support or assistance from any other source? |
| 🞏 Yes 🞏 No | Is there an assignment or lien against this case or applicant? |
| 🞏 Yes 🞏 No | Does the applicant have a court record which could have an impact on this Chapter 115 case? |
| **Are there other assistance issues?** |  |

**INVESTMENTS**

**List the name, account number(s) and current value(s) of ALL IRA’s, Savings Bonds, Money Market accounts, Certificates of Deposit (CD’s), 401(k) accounts and any other type of investment account.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Bank or Institution** | **Account Number** | **Current Value** |
|  |  |  |  |
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| --- | --- |
| **Has the applicant recently transferred any Bonds, Bank Books or any amounts of money out of his/her possession?** | 🞏 Yes 🞏 No |
| **Has the applicant made an irrevocable beneficiary on any insurance, or assigned insurance benefits?** | 🞏 Yes 🞏 No |
| **Does the applicant have a JOINT ACCOUNT with any other person(s)?** | 🞏 Yes 🞏 No |
| **Has the applicant created any real property trusts, living wills or other financial instruments?** | 🞏 Yes 🞏 No |
| **Comments:** |  |

**CREDITORS – list all outstanding creditors and the amount(s) owed. Include credit cards, personal loans, automobile loans and any other obligations** (except a home mortgage)

|  |  |
| --- | --- |
| **Name of Creditor** | **Amount Owed** |
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**BANK WITHDRAWALS**

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| --- |
| **Give an explanation of all bank withdrawals OTHER THAN FOR MONTHLY LIVING EXPENSES which have happened during the last 12 months** |

**In order to qualify for Chapter 115 benefits, the applicant cannot have more than $5,000 in cash assets.**

**LIFE INSURANCE**

|  |  |
| --- | --- |
| **Is there a valid life insurance policy on the Applicant?** | 🞏 Yes 🞏 No |
| **Is there a valid life insurance policy on the Spouse?** | 🞏 Yes 🞏 No |
| ***If the answer is “No” to the above questions, please proceed to “Medical Insurance”***  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insured Person** | **$$ Amount** | **Monthly Premium** | **Policy Number** | **Company** | **Beneficiary** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**MEDICAL INSURANCE**

|  |  |
| --- | --- |
| **Is there a valid Medical insurance policy on the Applicant?** | 🞏 Yes 🞏 No |
| **Is there a valid medical insurance policy on the Spouse?** | 🞏 Yes 🞏 No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Insurance Company Name** | **Type** | **Monthly Premium** |
| **Applicant** |  |  |  |
| **Spouse** |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | **Medicare “A”** | **Effective Date** | **Medicare “B”** | **Medicare “C”** | **Medicare “D”** |
| **Applicant** | 🞏 Yes 🞏 No |  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| **Spouse** | 🞏 Yes 🞏 No |  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Prescription Drug Plan** | **With whom?** | **Prescription Advantage** | **Low Income Subsidy** |
| **Applicant** | 🞏 Yes 🞏 No |  |  |  |
| **Spouse** | 🞏 Yes 🞏 No |  |  |  |

|  |  |
| --- | --- |
| **Medicare “B” cost per month** |  |
| **Medicare “C” cost per month** |  |
| **Medicare “D” cost per month** |  |
| **Prescription Drug Plan cost per month** |  |

**REQUIRED SUPPORT DOCUMENTS**

🞏 Honorable Discharge Paper (DD-214 or equivalent) (WWII = WD54/55)

🞏 Proof of residency (Renter) - Give Applicant Rental Form Letter or accept a rental receipt

🞏 Proof of residency (if sharing quarters with a family member) – letter from family member

🞏 Proof of residency (if in a shelter) – letter from the Shelter

🞏 Proof of residency (home owner) – Mortgage payment coupon; Water/Sewer/Heating Oil/Gas/Property Tax, Homeowner’s Insurance payment receipts **(ONLY ONE needed)**

🞏 Bank statements (checking **AND** savings) for the most recent **three** months

🞏 Income verification for the applicant (most recent **four** paycheck stubs if working)

🞏 Letter from a doctor indicating inability to work and prognosis (give Applicant Form)

🞏 Birth records for children/dependents

🞏 Letter from School(s) indicating children are regularly in attendance for minor children living at home

🞏 Social Security, Supplemental Security Income (SSI) or Social Security Disability (SSDI) benefit letter

🞏 VA Pension or VA Disability statement

🞏 Retirement Income or Pension Statement

🞏 Workers Compensation Statement (including name of attorney and insurance company)

🞏 Unemployment Compensation statement

🞏 Marriage Certificate

**VSO Responsibilities:**

* Signed Computer Match Consent notice
* Signed Authorization for Release of Information to DOR and Child Support Enforcement
* Signed Employment Verification (if Applicant has been laid off)
* Signed Work Search Agreement
* Explanation of New Year Documentation Requirement
* Agreement to Reimburse
* Notice of Determination

When completed, return this form, along with the 🗹 documents to:

**Veterans’ Service Office**

City or Town: Towns of Westminster­­­­­­­­­­­­­­­­­­­, Ashburnham, & Hubbardston

 Mailing Address: 11 South Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Town & Zip Code: Westminster, MA 01473\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: 978-874-7461\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_