



## Town of Framingham Veterans Benefits and Services

Memorial Building, Room B11  
Framingham, MA 01702  
Tel: (508)-532-5515 Fax (508)-532-5497  
veterans@framinghamma.gov

### Documents and information required to apply for Veterans Benefits and Aid

1. Military Discharge paper: Department of Defense form, DD214 or equivalent
2. Marriage\*/Divorce Records and or Death Certificates
3. Children's Birth certificates/Adoption Records are **only needed when**:
  - a. Child less than 19 years of age
  - b. Child less than 23 years old attending School of Higher Learning
  - c. Handicapped dependent Adult Child living with veteran: Disabled before child's 18<sup>th</sup> birthday
4. Income verification; pay stubs, VA pension, SS, SSDI, SSI, SSP, retirement, strike benefits, workman's compensation, unemployment or any other income.
5. Housing Receipts:
  - a. Rental Lease must be noted that unit is heated or unheated
  - b. Mortgage receipts (principle, interest, taxes and home owners insurance)
6. Life insurance; accounts number, amount, premium, beneficiary
7. Medical insurance; plan and account number, receipts for payment, poof (i.e. Medical Insurance card with bills)
8. List of all bills owed and monthly payments. This includes, but is not limited to: heating, credit cards, car and student loans
9. Bank account or Direct Express card statements for last three (3) months. This includes: 401K, savings bonds, money market accounts, certificates of deposit (CD), IRA, stock dividends and mutual funds.
10. Vehicles registrations for all cars in household.
11. If employable, proof of Registration with Mass D.E.T.
12. If unable to work, medical documentation must be provided (i.e. Doctor's letter that clearly states reason for and the expected duration of incapacitation)

**Note:** \* Married veterans must provide documents and information for their spouses as well as for themselves

**Assets limits: Single person: \$5,000 in "liquid assets"**  
**Married Couple: \$9,800 in "liquid assets"**

**Income Guidelines for Chapter 115 Benefits: Incomes must be less than, or equal to, amounts shown:**

**Ordinary Benefits:** \$1,430-\$1,750 (Single), or \$1,673-\$2,313 (Married)

**Medical Only Benefit:** \$1,962 (Single), or \$2,655 (Married)

**Impacting factors include: age, if paying for heat, shelter and medical expenses**



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 Case #: [ ]  
 Applicant SSN:  
 City/Town: Framingham  
 Spouse SSN:

Application Date: 12/8/2016  
 Applicant Date of Birth:  
 Relation to Veteran : Applicant

Refund Status: None  
 Amount: \$0.00  
 Balance: \$0.00  
 Authorizer Reviewed:

Applicant Information

Last Name First Name MI Jr/Sr Sfx.

**DEMOGRAPHICS**

Street Apartment City/Town State ZIP Phone  
 Framingham MA 01701-

Veteran Information

Last Name First Name MI Jr/Sr Sfx. Date of Birth

Branch of Service: Army Service Dates: Start End

Applicant's Ethnicity/Race : This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect eligibility or amount.

Male or Female? Male Ethnicity: Hispanic or Latino? No  
 Spoken Language: Are you a US Citizen? Yes

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other:

Special Situation

- Physical/Mental Impairment
- Hearing Impaired
- Visually Impaired
- Interpreter Required
- Sign Language Required
- Other:

**RECIPIENTS**

Last	First	MI	JrSr	DOB	Sex	US Citizen
					Male	✓



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**EMPLOYMENT**

Name of Last Employer: Length of Employment(In Months): 0  
 Last Employer Address: Occupation:  
 Self Employed? No  
 Reason for Application: Financial – Retired or Disabled

**SHELTER**

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 Amount: \$0.00  
 Current Balance: \$0.00  
 Is this a multiple family building? No Monthly Income from property: \$0.00  
 Do you have a second mortgage or Equity Line? No Dates:  
 Have you sold or transferred any real estate within the last 36 months? No  
 Do you pay for any of the following :  
 Heating / Air conditioning separate from rent? No  
 Electricity or gas for cooking? No  
 A telephone, including Cellular Phone? Yes

**AUTOS**

Automobiles Owned or Leased by Applicant and/or Spouse

Number of Vehicle in Household, Year, Make, Model. Registration Number and State of each vehicle. List all vehicles even if not registered.

**OBLIGATIONS**

Is Applicant obligated to pay support for children? No  
 Is Applicant in arrears for any support payments? No  
 Is Applicant currently in receipt of any other public assistance from any other source? No  
 Has Applicant received or is receiving C.115 benefits from any other community? No  
 Is there an Assignment or Lien against this case? No  
 Does Applicant's Court Record have any effect on this application? No



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**INVESTMENTS**

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

BANK OF AMERICA CHECKING ACCT

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.?

No

List all outstanding creditors and amounts owed, including any personal loans.

NONE

Give full details of all bank withdrawals in the past 12 months other than monthly living expenses.

NONE

**INSURANCE**

Life Insurance No

Insured Person	Amount	Monthly Premium	Policy No.	Company	Beneficiary

Does Applicant or spouse have medical insurance? Yes

Company Name: MEDICARE

Type:

Premium Amount: \$155.00

Medicare A? Yes Effective Date 1/1/16

Medicare B? Yes Effective Date 1/1/16

Prescription Drug Plan? Yes Plan Name AARP Cost Per Month \$67.30

Prescription Advantage? No

Low Income Subsidy? No

**REQUIRED DOCUMENTS**

Based on responses, the following documents are required for this application:

- \* Discharge Paper
- \* Proof of Residency : One of the following (Rent Receipt, Proof of Mortgage Payment, Letter from Shelter, Letter from family member)



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- \* Bank Statements: Last three statements
- \* Income Verification: Applicant



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Applicant :

State Case Number :

In return for receiving benefits from Framingham, you are required to, read the application initial and sign this form. You, the recipient, are responsible for the information provided on this application.

Applicant's Initials	Spouse's Initials	Each statement below must be read then initialed by both the applicant and the spouse, if married.
		I have completely read all pages of this application. 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 application.
		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

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Printed/Typed Name of Spouse

I, the undersigned Veterans' Services Officer/Agent, have asked the Applicant for a response to every question on this application or for all information sought on this form. I have reviewed all the responses to the requested information on this application and I am making the following recommendation:

I am recommending benefits for this

I am NOT recommending benefits for this

Date : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Veterans Services' Officer/Agent

VSO's Printed or Typed Name : \_\_\_\_\_

Framingham  
 Department of Veterans Services  
 150 Concord St. Rm B-7  
 Framingham, MA 01702-  
**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**

**AGREEMENT TO REIMBURSE**

I, \_\_\_\_\_ of Framingham, Massachusetts in consideration of Veterans' Benefits provided to, or for, myself and/or my dependents, agree to reimburse the Veterans' Services Department of Framingham, Massachusetts for any benefits received while waiting for payments from any sources which are retroactive and cover the same time period for which I have received Veterans' Benefits.

Reimbursement shall be in an amount equal to such proportion of the retroactive payment which covers the same period during which I received Veterans' Benefits, but shall be limited to the amount of Veterans' Benefits provided to, or for, myself and/or my dependents during said period.

I further agree to notify the Veterans' Services Department of Framingham, Massachusetts of the receipt of any payment from any sources covering the same time period for which I have received Veterans' Benefits, or from any other source providing payment for the same cause. I understand that failure to cooperate and comply with the requirements of this agreement may result in termination of Veterans' assistance provided by Chapter 115 of the Massachusetts General Laws and affect my future eligibility under that program.

Signed \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_





The Commonwealth of Massachusetts  
 Department of Revenue  
 Child Support Enforcement Division

Amy Pitter  
 Commissioner

Laurie McGrath  
 Deputy Commissioner

**AUTHORIZATION FOR RELEASE OF INFORMATION TO  
 STATE AND LOCAL DEPARTMENTS OF VETERANS' SERVICES**

I authorize the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) to release and disclose information about my child support case or cases to the Massachusetts Department of Veterans' Services and its employees, agents, and contractors, and to the veterans' agent(s) in and for the **City / Town of Framingham** and its employees, agents, and contractors, or to the director of veterans' services and veterans' agent(s) in and for the \_\_\_\_\_ **Veterans' Services District**, and its employees, agents, and contractors, or to the county veterans' agent(s) in and for the **County of Dukes County**, and its employees, agents, and contractors. I understand that by signing this form I am authorizing DOR to share all information about my child support case or cases that DOR would be able to share with me.

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ PIN: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*\*This - Authorization for Release of Information will be valid for two years from the date you sign this form unless you contact DOR to revoke it.*

For veterans' agent(s) use: Veterans' agent name and address: <u>Harvell, Peter</u> Telephone number: <u>508 532-5515</u> Fax number: <u>508 532-5497</u> Please fax the signed authorization to DOR (Maria Mosso) at 617-660-9860.
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The Commonwealth of Massachusetts  
Department of Veterans' Services

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