



The Commonwealth of Massachusetts  
 Department of Veterans' Services  
**APPLICATION FOR VETERANS' BENEFITS – Form VS-1**  
 (Massachusetts General Laws, Chapter 115)



**Application Date:** \_\_\_\_\_  
 Applicant's SSN: \_\_\_\_\_  
 City/Town: \_\_\_\_\_

**State Case Number:** \_\_\_\_\_  
 Spouse's SSN: \_\_\_\_\_  
 War Code: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
 Applicant's DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Applicant's Tel. #: \_\_\_\_\_

Relation to Veteran: \_\_\_\_\_  
 Local Use: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Section/Neighborhood: \_\_\_\_\_

Name of Last Employer: \_\_\_\_\_  
 Address of Last Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employment Last Two Years: \_\_\_\_\_  
 Reason for Application: \_\_\_\_\_  
 Is Applicant Able to Work:    Yes    No    If "No" – is Medical Report on file in local DVS office?    Yes    No

Length of Employment (In Months) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Weekly Wages: \_\_\_\_\_    Income Due: \_\_\_\_\_  
 Date of Last Wages: \_\_\_\_\_    Amount: \_\_\_\_\_  
 Reason for Unemployment: \_\_\_\_\_

Veteran's Name (if not applicant): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name and Address of Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Veteran's DOB (if not app.) \_\_\_\_\_  
 Vet's Tel. #: \_\_\_\_\_  
 Weekly Wages: \_\_\_\_\_

Branch of Service: \_\_\_\_\_  
 Dates of Last Active Wartime Service – From: \_\_\_\_\_ To: \_\_\_\_\_

Service Number: \_\_\_\_\_  
 Character of Service: \_\_\_\_\_

**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

(Use additional Sheet if Needed)

**OTHER MEMBERS OF HOUSEHOLD**

(Shaded areas may be filled in by are not required.)

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

**MINOR CHILDREN OF APPLICANT LIVING OUTSIDE OF HOUSEHOLD**

Name	Date of Birth	Living With Whom and Relationship	Address	Income & Type From Any Source	School

Are you obligated to pay support for children listed above?    Yes    No    Are you in arrears for any such payments?    Yes    No  
 Is Applicant currently in receipt of any other public assistance from any other source? If yes, explain. (Use additional sheet if needed.) \_\_\_\_\_  
 Have you ever received any Veterans' Benefits from any other city/town in Massachusetts? If yes, explain. (Use additional sheet if needed.) \_\_\_\_\_

**IS APPLICANT ELIGIBLE FOR:**

**IF YES, GIVE DETAILS** (Use additional sheet if needed.)

Unemployment Compensation    Yes    No    Details: \_\_\_\_\_  
 Workmen's Compensation    Yes    No    Details: \_\_\_\_\_  
 Strike Benefits    Yes    No    Details: \_\_\_\_\_  
 Other Benefits    Yes    No    Details: \_\_\_\_\_

**COPY OF VETERAN'S DD FORM 214. RELEASE FROM ACTIVE SERVICE. OR OTHER SPARATION DOCUMENT SUPPORTING ELIGIBILITY MUST ACCOMPANY APPLICATION!**

Does applicant have a claim for which assignments should be taken? Yes No  
 Has an assignment been taken? Yes No  
 Does applicant have any Real Estate Liens? Yes No  
 Does Lien Law apply? Yes No  
 Has Lien been placed? Yes No  
 If yes, list County Registry Where Recorded. \_\_\_\_\_

No  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 List Book and Page Number: \_\_\_\_\_

**REAL ESTATE OWNED BY APPLICANT and/or SPOUSE**

(List address & description of real estate in which equity is held.)

**RESOURCES**

(List Amounts Received per Month or Date of Application.)

**Veteran's Affairs Benefits:**

Compensation Pct: \_\_\_\_\_ % Claim Number (C#): \_\_\_\_\_  
 Compensation awarded for what injury or illness? \_\_\_\_\_  
 Compensation Amount: \_\_\_\_\_ Per Month \_\_\_\_\_  
 Pension Amount: \_\_\_\_\_ Per Month C# \_\_\_\_\_  
 Other Benefits (Type & Amt.): \_\_\_\_\_

**Social Security Benefits**

Social Sec. Amt:		Soc. Sec. #:	
Spouse's S.S. Amt.		Spouse's S.S. #	
Dep. Child S.S. Amt.		Dep. Child S.S. #	

**Other**

Retirement:		Spouse's Ret.:	
Other Income – Describe:			
Stocks (of any kind), Bonds, Annuities – Describe:			

Principal:		Water/Sewer:	
Interest:		Home Insurance:	
Taxes/Mo		Assessed Value:	
Monthly Income From Property:			
Describe:			
Do you have a second mortgage or equity line?	Yes	No	
If yes, provide complete details. (Use additional sheet if needed.)			

Have you sold or transferred any real estate within the last 36 months?	Yes	No	Dates:	
Explain in detail below (use additional sheet if needed).				

Cash on hand:	
<b>Bank Account(s):</b>	Yes No Checking Savings
Account Number(s):	
Name of Bank(s):	
Amount of Present Balance(s):	

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): \_\_\_\_\_

Have you 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 (Use additional sheet if needed). \_\_\_\_\_

Number of Vehicles in Household Owned or Leased, by Applicant or Spouse; Year, Make, Model. Registration Number and State of Each vehicle. List all vehicles even if not registered. (Use additional sheet if needed): \_\_\_\_\_

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 SOUPS 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.) \_\_\_\_\_

**MARITAL HISTORY**

**APPLICANT**

(Use additional sheet if needed.)

Date & Place of Marriage	To Whom Married	How Marriage Dissolved	Date & Place of Divorce Decree or Death

**SPOUSE**

Date & Place of Marriage	To Whom Married	How Marriage Dissolved	Date & Place of Divorce Decree or Death

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 or any kind.
		I hereby agree to notify the Veterans' Services Officer/Agent immediately of <u>any</u> change in my circumstances including, but not limited to, if I obtain employment, <u>win</u> or <u>receive</u> money from <u>any</u> source, receive any merchandise in lieu of money, change of address, leaving the State for more than seven (7) days, <u>sell</u> any <u>real</u> or <u>personal</u> property, or receive 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 <u>not</u> 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 or 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 Applicant

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

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

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 am not recommending approval of this application.

*If recommending benefits "x" out or "cross out" the word "not."*

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

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

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

<p><b>ALL ITEMS MUST BE COMPLETED OTHERWISE THIS FORM WILL BE RETURNED! THIS FORM MUST BE ACCOMPANIED BY A VS-21A!</b></p>
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