



Town of Watertown, Massachusetts

Veterans' Services

149 Main Street

Watertown, MA 02472

Tel: 617-972-6416

Cellular: 781-645-9127

Email: PGeorge@Watertown-ma.gov

Chapter 115 Applicants

We need the following documentation in order to process your application:

- Discharge Papers/DD214
- Proof of Residency - One of the following: Lease Agreement, Rent Receipt, Proof of Mortgage Payment, a Letter from Shelter/family member.
- Marriage Certificate
- Death Certificate (if widow/widower of a Veteran)
- Birth Certificates of dependents
- Bank Statements: Last 3 statements
- Income Verification for Veteran and Spouse (Work Earnings, SS, SSI/SSDI, Pensions/Annuities, VA Disability)
- Home Owners will need to submit mortgage statements, a tax bill, home owner's insurance policy, and a water & sewer bill
- Proof of Health Insurance (all applicants and dependents)
- Agreement to Reimburse
- Release of Information
- Massachusetts DOR/Child Support

Employable Veterans Only (including spouse of unemployed Veterans)

- Letter from unemployment stating you are not receiving benefits
- Completed Employment Plan
- Previous paystubs, submitted biweekly.



The Commonwealth of Massachusetts

Department of Veterans' Services Data Gathering



VS 1 Document

Application Date		Application Time	
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Applicant's Name		Date of Birth	
Street Address		Case Number	
City or Town		Social Security Number	

Spouse's Name		Spouses' Social Security Number	
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DEMOGRAPHICS

Street	Apartment Number	City/Town	State	Zip	Phone

Veteran Information

Last Name	First Name	Middle Initial	Suffix	Date of Birth

Branch of Service	Service Date Start	Discharge Date

Applicant's Ethnicity: This information is collected in order to make sure that everyone is treated fairly. Your answer is voluntary and will not affect your eligibility or the amount of your benefit.

Gender	Spoken Language	Hispanic or Latino	Are you a US Citizen

Race

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

Special Situation

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

RECIPIENTS

Last Name	First Name	Middle Initial	Suffix	Date of Birth	Gender	US Citizen

EMPLOYMENT

Last Employer		Lenth of Employment (Months)	
Last Employer Community		Occupation	
Self-Employed?		Reason for Ch. 115 Application	

SHELTER

Real Estate Owned by the Applicant and/or Spouse		List address and description of the real estate	
Date of Original Mortgage		Original Mortgage Amount	
Current Mortgage Balance		Is this a multi-family property	
Monthly income from this property		Is there a 2 nd mortgage or equity line	
Have you sold or transferred any real estate within the last 36 months?			
Do you pay for any of the following			

Heat and/or AC separate from rent	
Electricity or gas for cooking	
Telephone (including Cellular)	

AUTOMOBILES OR VEHICLES

Automobiles owned or leased by the Applicant and/or Spouse

Vehicle Type	Model	Year	License Plate	State

OBLIGATIONS

Is the applicant obligated to pay Child Support?		Has the applicant received Ch. 115 from another community?	
Is the applicant in arrears for any support payments?		Is there an assignment or lien against this case	
Is the applicant in receipt of any other public assistance?		Is there a Court Record which could affect this case?	

INVESTMENTS

List the name(s), account number(s) and current value of all IRAs, Savings Bonds, Money Market Accounts, CDs, 401(k) accounts or any other type of savings, investment or retirement account of any kind.

Type	Account Name	Account Number	Current Value

Has the applicant transferred any Bonds, Bank Books, or any amount of Money; made an irrevocable beneficiary on any insurance or assigned any insurance
 Yes No

Does the applicant have a joint account with any other person?
 Yes No

Does the applicant have a living will?
 Yes No

Has the applicant created any real property trusts?
 Yes No

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

Creditor	Amount Owed

Give full details of any bank withdrawals in the past 12 months OTHER THAN monthly living expenses

LIFE INSURANCE

Does the applicant have life insurance?

Does the spouse have life insurance?

Insured Person	Amount	Monthly Premium	Policy Number	Company	Beneficiary

MEDICAL INSURANCE

Applicant

Spouse

Does the applicant have medical insurance		Does the spouse have medical insurance?	
Company name		Company Name	
Type of Insurance		Type of Insurance	
Monthly premium amount		Monthly premium amount	
Does the applicant have Medicare A		Does the spouse have Medicare A	
Effective date		Effective date	
Does the applicant have Medicare B		Does the spouse have Medicare B	
Effective date		Effective date	
Does the applicant have Medicare D		Does the spouse have Medicare D	
Does the applicant have a Prescription Drug Plan		Does the spouse have a Prescription Drug Plan	
Cost per month		Cost per month	
Does the applicant have Prescription Advantage		Does the spouse have Prescription Advantage	
Does the applicant have Low Income Subsidy		Does the spouse have Low income subsidy	

REQUIRED DOCUMENTS

Based on responses, the following documents are reequired for this application

- Discharge paper
- Proof of residency (rent receipt, proof of mortgage payment, letter from a shelter, letter from a family member)
- Recent three months of checking account bank statements
- Recent three months of savings account bank statements
- Applicant's income verification (Applicant's stubbs from 4 recent paychecks)
- Inability to Work (letter from a doctor indicating applicaant's inability to work and the future prognosis)
- Childrens birth records (and dependents under age 18
- Minor children in school (letter from each child's school indicating that the children are regularly in attendance)
- Social Security (the benefit approval letter (for Social Security, Supplemental Social Security (SSI) or Social Security Disability Insurance (SSDI)
- VA Disability or Pension award statement(s)
- Retirement Income or Pension statement
- Worker's Compensation Statement (including the names of the attorneyu and the insurance company)
- Unemployment Compensation Statement
- Marriage Certificate
- Death Certificate of the Veteran (if applying as a surviving spouse)
- Signed Computer Match Consent notice
- Signed Child Support Release for DOR
- Signed Employment Plan
- Medical Evaluation Form
- Notice of Determination



The Commonwealth of Massachusetts
Department of Veterans' Services



VS 1 Document

Applicant		Case Number	
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Applicant's Initials	Spouse's Initials	Each Statement below must be read and initialed by both the applicant and the spouse.
		I have completely read all of the pages of this application. If I had a question on any issue, I asked for an answer from my Veteran Service Officer and 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' Service 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 or money; change my address; leave the state for more than SEVEN 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 or 1978, which is the computer match notice.
		I am not receiving Veterans Benefits from any other city or town in Massachusetts, or benefits of any other 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 penalty 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' Service 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 APPLICANT

I am NOT recommending benefits for this applicant

Date

VSO's Printed or typed name