

CMVD

Chapter 115



Pre-application Workbook

October, 2015

Applicant Ethnicity/Race

This information is collected to ensure that everyone is treated fairly. Your answer is voluntary, and it will not affect the eligibility or amount.

Sex? Male Female Disabled? Yes No
US Citizen? Yes No Hispanic or Latino? Yes No
Spoken Language _____

Household Members Seeking Aid

Household Member #1

Last Name _____
First Name _____
Middle Initial _____
Date of Birth (mm/dd/yyyy)
Relationship to Veteran _____
Proof of relationship provided Marriage certificate Birth certificate Other
if other, please describe _____

Household Member #2

Last Name _____
First Name _____
Middle Initial _____
Date of Birth (mm/dd/yyyy)
Relationship to Veteran _____
Proof of relationship provided Marriage certificate Birth certificate Other
if other, please describe _____

check if additional household members are reported on an attached sheet

Employment

Note: this information is required even if the Veteran has been retired for several years.

Name of last employer _____

Address of last employer _____

Length of employment (in months) _____ Self Employed? Yes No

Occupation _____

Reason for Application

Medical

Financial: Retired

Financial: Unemployed

Financial: Disabled

Financial: Underemployed

Statement for Unemployed Applicants *pre-Retirement Age*

If you answered **Financial: Unemployed**, continued benefits will be dependent on your cooperation with the Veterans' Services Officer to participate in an employment plan. Be aware that, according to Code of Massachusetts Regulation 108 CMR 7.01 (4):

*The veterans' agent shall deny further benefits to employable applicants who refuse, without good cause, to accept any bona fide offer of employment for which they are reasonably qualified for based on their skills, training, physical condition, and present circumstances. Notwithstanding the foregoing, **applicants may be required to accept minimum wage employment.***

If you are unable to work due to medical reasons, we will require the following in accordance with 108 CMR 7.01 (5):

...the VSO shall obtain from the applicant's physician a statement setting forth the following:

- 1. his or her diagnosis,*
- 2. prognosis,*
- 3. prescribed treatment, and*
- 4. appraisal of the applicant's ability to work.*

Shelter

Do you rent? Yes No Current monthly rent \$ _____

Do you own a home? Yes No

If yes:

Date of original mortgage

Original mortgage amount \$ _____

Current balance \$ _____

Is it a multi-family building? Yes No

Monthly income from property \$ _____

Do you have a second mortgage or equity line? Yes No

Have you sold or transferred any real estate within the past 36 months? Yes No

Do you pay for any of the following:

Heat/Air Conditioning separate from rent? Yes No

Electricity or gas for cooking? Yes No

A telephone, including a cellular phone? Yes No

Auto

Do you or your spouse own or lead a vehicle? Yes No

If yes:

Year Make _____

Model _____ License Plate _____

Registered in Massachusetts Yes No

If no, please list state _____

check if additional vehicles are reported on an attached sheet

Obligations

Is the applicant obligated to pay support for children? Yes No

If yes, how much per month? \$ _____

Is the applicant in arrears for any support payments? Yes No

If yes, how much per month? \$ _____

Is the applicant currently in receipt of any other public assistance from any other source? Yes No

If yes, what is the source? _____

Has the applicant received or is receiving Chapter 115 benefits from any other community? Yes No

If yes, which community? _____

Investments

List the name, account number(s), and current value of checking account(s), savings account(s), IRAs, savings bonds, money market, 401k, or any other type of savings, investment, or retirement account of any kind.

Name of account _____

Account Number _____ Current value \$ _____

Name of account _____

Account Number _____ Current value \$ _____

Name of account _____

Account Number _____ Current value \$ _____

Name of account _____

Account Number _____ Current value \$ _____

check if additional vehicles are reported on an attached sheet

Investments (part 2)

Has the applicant transferred any bonds, bank books,
or any amount of money; made an irrevocable beneficiary
on any insurance or assigned any insurance; does the
applicant have a joint account with any other person;
created any real property trusts, living wills, etc.?

Yes

No

if yes, please explain

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

Creditor	_____	Amount	\$ _____
Creditor	_____	Amount	\$ _____
Creditor	_____	Amount	\$ _____
Creditor	_____	Amount	\$ _____
Creditor	_____	Amount	\$ _____

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

Insurance (APPLICANT only)

Does the applicant have life insurance?

Yes

No

if yes complete the following

Name of insured: _____

Amount \$ _____

Monthly premium \$ _____

Policy Number _____

Company _____

Beneficiary _____

Does the applicant or spouse have medical insurance?

Yes

No

if yes complete the following

Company _____

Type (HMO, PPO, etc) _____

Monthly premium \$ _____

Medicare Part A?

Yes

No

Effective date: _____

Medicare Part B?

Yes

No

Effective date: _____

Prescription Drug Plan?

Yes

No

Plan name _____

Cost per month \$ _____

Prescription Advantage?

Yes

No

Low Income Subsidy?

Yes

No

Insurance (SPOUSE)

Does the spouse have life insurance?
if yes complete the following

Yes No

Name of insured: _____

Amount \$ _____

Monthly premium \$ _____

Policy Number _____

Company _____

Beneficiary _____

Does the applicant or spouse have medical insurance?
if yes complete the following

Yes No

Company _____

Type (HMO, PPO, etc) _____

Monthly premium \$ _____

Medicare Part A? Yes No Effective date: _____

Medicare Part B? Yes No Effective date: _____

Prescription Drug Plan? Yes No

Plan name _____ Cost per month \$ _____

Prescription Advantage? Yes No

Low Income Subsidy? Yes No

Required Documents

SERVICE VERIFICATION

Discharge paperwork (DD214, WD54/55, or equivalent)

SHELTER VERIFICATION

Proof of residency (renter), Rental Agreement

Proof of residency (transitional), statement from Transitional Shelter

Proof of residency (home owner)

Copy of mortgage

Property tax bill

Property insurance

FINANCIAL VERIFICATION

Bank statements, **previous three consecutive months**, complete

Checking Savings

Income verification (most recent four paycheck stubs)

Social Security benefit letter (includes retirement, SSI, SSDI)

SS Retirement SSI SSDI

VA Award letter

Pension Disability Education

Retirement income/pension statement

DEPENDENTS

Birth certificates for all children/dependents

Marriage certificate

Letter from school indicating enrollment for minor children

Death Certificate

Other: _____

Other: _____

Other: _____

Other: _____

If unemployed, see CMVD Unemployment Workbook for additional documentation and requirements

Notes: