



**Montachusett Veterans Outreach Center, Inc.**  
**268 Central Street, Gardner MA 01440**  
Phone (978)632-9601 Fax (978)632-9476  
[www.veterans-outreach.org](http://www.veterans-outreach.org)

## MVOC FINANCIAL ASSISTANCE PACKET

Applicant Name: \_\_\_\_\_

I am seeking assistance with (check one or more of the following):

*Note: Each type of financial assistance is limited to \$300 per veteran.*

- Arrears Assistance  
Name of landlord: \_\_\_\_\_  
Phone number of landlord: \_\_\_\_\_
- Rental Deposit  
Name of landlord: \_\_\_\_\_  
Phone number of landlord: \_\_\_\_\_
- Moving assistance (ie, renting a moving truck)
- Housing Settlement Assistances (ie, housewares, furniture)
- Medical Expense Assistance (ie, unexpected medical bills)

The following documents are required by MVOC as part of the application for financial assistance. Applicants will not be reviewed until all listed documents are received.

- MVOC Demographics Form (included in this packet)
- MVOC Authorization for Release of Information (included in this packet)
- Completed MVOC Financial Assistance Application (included in this packet)
- CORI/SORI Request Form (included in this packet)
- DD-214
- Picture ID

**MVOC DEMOGRAPHICS FORM**

<b>Today's Date:</b>		
<b>Name:</b>		<b>Preferred Phone Number:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Referred by:</b>		<b>SSN#:</b>
<b>Date of Birth:</b>		<b>Birthplace:</b>
<b>Gender:</b>		<b>Ethnicity:</b>
<b>Martial Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<b>Housing:</b> <input type="checkbox"/> Rent <input type="checkbox"/> HUD-VASH voucher received <input type="checkbox"/> Own <input type="checkbox"/> HUD-VASH voucher in process <input type="checkbox"/> Live with Family <input type="checkbox"/> Other: _____ <input type="checkbox"/> Homeless

<b>Branch of Service:</b>		<b>Service Number:</b>
<b>Date Entered Service:</b>		<b>Date of Discharge:</b>
<b>In which city and state did you enlist:</b>		
<b>Combat Veteran:</b> <input type="checkbox"/> yes <input type="checkbox"/> no		<b>Did you serve in the Reserves?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Were you nationally activated?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Did you serve in the National Guard?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Were you nationally activated?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>VA Service Connected:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, what %:</b> _____ <b>\$ Amount received:</b> _____		
<b>Service Discharge:</b> <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Bad Conduct		

<b>Employment Status:</b> <input type="checkbox"/> Employed ( <input type="checkbox"/> full time <input type="checkbox"/> part time) <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	<b>If employed:</b> Name of Employer: _____ Length of Employment: _____ Work Phone Number: _____
<b>Income Source (check all that apply):</b> <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Employment <input type="checkbox"/> None <input type="checkbox"/> Unemployment Other: _____	<b>Estimate Monthly income \$:</b> _____

<b>Emergency Contact Name:</b>
<b>Name:</b>
<b>Relationship:</b>
<b>Phone:</b>
<b>Address:</b>



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, having the birthdate of \_\_\_\_\_, consent to release and receive communication between Montachusett Veterans Outreach Center, Inc. and

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The following specific information:

- ANY/ALL
- Medical
- Psychiatric
- Mental Health Progress Notes
- Alcohol/Drug Treatment
- Military Treatment
- Telephone Communication

This release is valid one year from date of signing and can be withdrawn at any time by submitting a request in writing to the MVOC.

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

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

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

MVOC FINANCIAL ASSISTANCE APPLICATION

**Part 1: Household Details**

<b>Applicant Name</b>	
<b>Total # of Household Members</b>	
- <b>Total # of Children under 18</b>	
- <b>Total # of Veterans in household</b>	

**Part 2: Housing Details**

<b>Are you currently housed in a place of permanent shelter?</b>	
- <b>If yes, are you at risk of losing this shelter?</b>	
- <b>If no, where are you residing?</b>	
<b>Are you currently homeless and scheduled to become a resident of permanent housing within 90 days?</b>	
- <b>If yes, where?</b>	
<b>Are there current or past legal needs that can be addressed? If yes, explain.</b>	

**Part 3: Eligibility Details**

<b>Have you or any household members utilized any other veteran specific financial resources?</b>	
- <b>If yes, which?</b>	
- <b>If yes, when?</b>	
<b>Have you or any of your household members utilized any non-veteran specific financial resources?</b>	
- <b>If yes, which?</b>	

*I certify to the best of my knowledge that this information is accurate: \_\_\_\_\_ (Initial)*

*I acknowledge that an MVOC staff member may contact agencies, organizations, landlords, or similar third party sources to verify the above information: \_\_\_\_\_ (Initial)*

## MVOC FINANCIAL ASSISTANCE APPLICATION

### Rules, Acknowledgements and Stipulations:

- Financial assistance is awarded on a case-by-case basis as funding permits, assistance is not guaranteed.
- Financial assistance is a singular award, each award can only be granted to a veteran once
- Veteran assumes the risks of being a participant in the financial assistance program, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the veteran.
- Veteran acknowledges that they may have medical conditions, including a history of addiction and alcohol/drug use, that may be detrimental to their health and well-being and fully release Montachusett Veterans Outreach Center, Inc. (MVOC) from liability for any negative consequences that may occur during their time as a program participant.
- Veteran agrees that participation in the financial assistance program is voluntary for themselves and their household and further agrees to work collaboratively with MVOC and applicable service providers
- Veteran acknowledges that all information provided is true and accurate to the best of their ability and that providing false or misleading information, or not complying with staff requests for information, may result in denial of assistance.
- Veteran acknowledges that engaging in unlawful activity, threats, violence, acts of terrorism, or any other behavior that poses a threat to MVOC or affiliated organizations will result in denial of assistance.
- Veteran acknowledges that financial assistance will likely be paid directly to vendor/landlord or the like and not to themselves.

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Signature & Date

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Printed Name



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services 200  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization.**  
**Criminal Offender Record Information (CORI)**  
**Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

Montachusett Veterans Outreach Center, Inc. is registered under the  
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to  
 Montachusett Veterans Outreach Center, Inc.

(Organization)  
 to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing  
 Montachusett Veterans Outreach Center, Inc.  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



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Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-860-4640 | TTY: 617-860-4608 | FAX: 617-860-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:  
\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*