



Montachusett Veterans Outreach Center, Inc.
268 Central Street, Gardner MA 01440
Phone (978)632-9601 Fax (978)632-9476
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)
- Utilities assistance (water, sewer, electric, or similar)

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



MONTACHUSETT VETERANS OUTREACH CENTER AUTHORIZATION FOR RELEASE OF INFORMATION

OPTION 1: I, _____, having the birthdate of _____, consent to release and receive communication between Montachusett's Veteran's Outreach Center, Inc. and the following:

Agency Name	
Agency Address	
Agency Phone	
Agency Fax	

The following specific information may be shared:

- Any/all
- Physical Medical: hospitalization medication list medical history
- Mental Health: psychiatric mental health progress notes
- Alcohol/Drug treatment
- Military Treatment

Individual(s) Name(s)		
Address(es)		
Phone Number(s)		

The following specific information may be shared:

- Any/all
- Physical Medical: hospitalization medication list medical history
- Mental Health: psychiatric mental health progress notes
- Alcohol/Drug treatment
- Military Treatment

OPTION 2: Alternatively, I, _____, having the birthdate of _____, DO NOT consent to release and receive communication between Montachusett's Veteran's Outreach Center, Inc. and any agency or person.

This document is valid unless revoked, done by submitting a request in writing to Montachusett Veterans Outreach Center, Inc. This consent does not allow release of my information to any unlisted parties.

Signature	
Date	
Witness	

MONTACHUSETT VETERANS OUTREACH CENTER: DEMOGRAPHICS FORM

Name	
Address	
Address Type	<input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> live with family <input type="checkbox"/> unhoused <input type="checkbox"/> other
Phone	
Email	

Birthdate		Birth Location	
Social Security #			
Gender		Ethnicity	

Employment status	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> other
Education level	

Branch of Service		Service Number	
Date of Entry		Date of Discharge	<input type="checkbox"/>
Place of Entry		Combat Veteran	<input type="checkbox"/> yes <input type="checkbox"/> no
If service connected, at what percentage			

Did you serve in the Reserves	<input type="checkbox"/> yes <input type="checkbox"/> no	If so, were you nationally activated	<input type="checkbox"/> yes <input type="checkbox"/> no
Did you serve in the Guard	<input type="checkbox"/> yes <input type="checkbox"/> no	Were you nationally activated	<input type="checkbox"/> yes <input type="checkbox"/> no

Income Sources (check all that apply)		
<input type="checkbox"/> Chapter 115 <input type="checkbox"/> Child Support <input type="checkbox"/> Employment <input type="checkbox"/> Employment Pension <input type="checkbox"/> Military Retired Pay	<input type="checkbox"/> Other <input type="checkbox"/> SNAP/DTA <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> SSI	<input type="checkbox"/> Unemployment <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Non-Service Connection
Monthly Household Income Total		

Marital Status	
Name of Spouse	

Emergency Contact Name	
Emergency Contact Address	
Emergency Contact Phone	



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



**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: 617-860-4640 | TTY: 617-860-4606 | 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

MVOC FINANCIAL ASSISTANCE APPLICATION

Part 1: Household Details

Applicant Name	
Total # of Household Members	
- Total # of Children under 18	
- Total # of Veterans in household	

Part 2: Housing Details

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

Part 3: Eligibility Details

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

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.

Signature & Date

Printed Name