



Steven Grossman

Treasurer and Receiver General

The Commonwealth of Massachusetts
Department of the State Treasurer
One Ashburton Place
Boston, Massachusetts 02108-1608

Today's Date: []

APPLICATION FOR WELCOME HOME BONUS: DISCHARGED SERVICEMEN & SERVICEWOMEN

[We recommend that you complete this form online and then print the entire packet.] Please use all CAPS

APPLICANT INFORMATION

Name at time of entry into service:

Last [] First [] Middle initial []

Present name (if different):

Last [] First [] Middle initial []

Address at time of entry into service:

Street [] Apt/Suite [] City [] State [] Zip code []

Current address:

Street [] Apt/Suite [] City [] State [] Zip code []

Phone number: [] Email: []

If address is outside the continental limits of the U.S.A., provide alternative contact information:

Name [] Street [] Apt/Suite [] City [] State [] Zip code []

Gender:

[] Female [] Male

Social security number:

SSN []

Date of birth:

Month [] Day [] Year []

SERVICE INFORMATION

Date active service began: [] Initial date of entry: [] Branch of service: [] Grade: []

Date of discharge/separation: [] Character of service: []

BONUS & DEPLOYMENT INFORMATION

Which bonus or bonuses are you applying for? (Check off all that apply)

[] 1st time: IRAQ or AFGHANISTAN- \$1000 [] Subsequent: IRAQ or AFGHANISTAN- \$500 [] 1st time: 6+ continuous months STATESIDE- \$500 (One-time) [] Subsequent: 6+ continuous months FOREIGN SERVICE- \$250 [] 1st time: 6+ continuous months FOREIGN SERVICE- \$500

If you have already received a bonus, please list the dates of service for which you were paid (YYYY-MM-DD):

[] [] [] [] []

Please list the dates and locations of each overseas deployment for which you have not received a bonus. If stateside for 6+ continuous months, list dates of service in 1st row. (Active service outside the continental limits of the U.S., AK, or HI. Section 16 Chapter 132 of the Acts of 2009 limits payment of subsequent bonus to service overseas.)

From: [] To: [] Location: [] Name of USS or overseas country (if not IZ/AFG): []
From: [] To: [] Location: [] Name of USS or overseas country (if not IZ/AFG): []
From: [] To: [] Location: [] Name of USS or overseas country (if not IZ/AFG): []
From: [] To: [] Location: [] Name of USS or overseas country (if not IZ/AFG): []

PRINT THIS FORM AND SIGN YOUR NAME

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate.

Signature: []

CERTIFICATE OF RESIDENCY

(This should be completed by a Massachusetts city/town official)

ATTENTION: City/Town Official: The date of residency must be no more than one year prior to the enlistment date or the most recent deployment date.

City or Town Name

(a) I, hereby certify that, according to the official records of this office,

Veteran's Name

resided at:

Street Address

in the Commonwealth of Massachusetts of January first of the year: prior to
the veterans entry into the armed forces of the United States in the course of the Welcome Home Bonus.

Signature of Official

Printed Name & Title of Official

Today's Date



(b) If applicant was a MINOR at the time of enlistment, kindly certify in section (a) of Certificate of Residency, the name of veteran's father, mother, or legal guardian.

(c) I am unable to complete the above Certificate.

Signature of Official

Printed Name & Title of Official

Today's Date

CHECKLIST

[Please include this page and utilize it to ensure all necessary documents are submitted. This application will not be processed if the following documents are not submitted.]

Application:

I have completed, signed, and dated the application with my original signature on it.

Certificate of Residency:

The Certificate of Residency portion of the application must be signed and stamped by a city or town official. Please visit the city or town hall in which you resided prior to your latest enlistment into the Armed Forces or your latest deployment. If you were a minor at the time of enlistment, please have a parent's or legal guardian's residency certified. The date of residency on the certificate must be no more than **one year prior** to your enlistment date or latest deployment date. In lieu of the certificate, we will accept a copy of your High School Diploma/GED (if you enlisted right out of High School or up to a year after). We will also accept a copy of a W-2 tax form, excise tax form or a copy of a rental or lease agreement from the **required year**.

I have completed the Certificate of Residency (with the original signatures on it) or included other accepted forms.

Proof of service and/or deployments:

[WE CANNOT ACCEPT OIF/OEF AS PROOF OF IRAQ/AFGHANISTAN]

1) FIRST TIME:

a. **6 months Active Duty*** (\$500)- please include a copy of your DD214 **Member 4****.

b. **Iraq or Afghanistan** (\$1000)- please include a copy of your DD214 **Member 4**** specifically showing your location in Iraq or Afghanistan. If your DD214 does not list dates and/or location, please provide additional proof, such as: orders showing specific location in country and your name, a copy of your ERB (Enlisted Record Brief), ORB (Officer Record Brief), BIR (Basic Individual Record), Flight Records, or Ship Itineraries.

2) SUBSEQUENT:

a. **6 months Foreign Service** (\$250)- please include a copy of your DD214 **Member 4****.

b. **Iraq or Afghanistan** (\$500)- please include a copy of your DD214 **Member 4**** specifically showing your location in Iraq or Afghanistan. If your DD214 does not list dates and/or location, please provide additional proof, such as: orders showing specific location in country and your name, a copy of your ERB (Enlisted Record Brief), ORB (Officer Record Brief), BIR (Basic Individual Record), Flight Records, or Ship Itineraries.

***First time applicants can be either stateside or outside the continental limits of the United States not including Iraq or Afghanistan. Stateside service does not apply to the Subsequent Bonus.**

****This is the longer form which shows your Character of Service when separated.**

I have included all necessary forms for proof of deployment(s).

PLEASE MAIL THE COMPLETED APPLICATION PACKET TO:

Office of the State Treasurer
One Ashburton Place, Room 1207
Boston, MA 02108
Attention: Welcome Home Bonus

Please contact our office at (617) 367-9333 ext. 859 with any questions.