

# Affidavit of Indigence

Town of \_\_\_\_\_

Veteran Services Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_, Massachusetts \_\_\_\_\_

(City/ Town)

(Zip Code)

RE: \_\_\_\_\_

(CHAP 115 Case #) - Name of Deceased Veteran

To Whom It May Concern,

This letter is to certify that I, \_\_\_\_\_, a resident of \_\_\_\_\_, am the  
(Full Name) (Current Address)

\_\_\_\_\_ to deceased Applicant \_\_\_\_\_, a resident of  
(Relationship to Veteran) (Applicant's Full Name)

\_\_\_\_\_, who passed away on \_\_\_\_\_.  
(Last Known Residential Address) (Date of Death)

This letter is being provided to solemnly swear and affirm at the risk of prosecution under the Massachusetts False Claims Act that these statements are true and to certify that

\_\_\_\_\_ passed away as an indigent veteran,  
(Veteran's Full Name)

*Mark all boxes applicable for this Applicant:*

Having no funds, bank accounts, assets, nor life insurance

Having no funds, bank accounts, assets, and a minimal life insurance policy with  
\_\_\_\_\_ with a value of \$ \_\_\_\_\_ under policy

# \_\_\_\_\_

Having financial accounts and assets in the total amount of \$ \_\_\_\_\_ or approximated to be  
\$ \_\_\_\_\_ being held by \_\_\_\_\_ bank, however access to these accounts are not possible due to

\_\_\_\_\_  
Other applicable circumstance \_\_\_\_\_

I understand that under MGL Title II, Chapter 12 Section 5A of the Massachusetts False Claims Act, the False Claims Division conducts civil investigations and prosecutions against companies and individuals who mislead or defraud state or municipal entities through the use of false or fraudulent claims, records or statements. I further acknowledge that the Massachusetts False Claims Act is a powerful law enforcement statute that authorizes triple damages and civil penalties of up to \$11,000 per false claim, as well as the AG's attorneys' costs and fees. I understand that funds are subject to recoupment if the facts alleged in this affidavit are untrue, misleading, or if funds become available from the estate of the deceased Veteran.

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If there are any questions or concerns, please do not hesitate to contact me at Tel#

\_\_\_\_\_.

Signed under the pains and penalties of perjury,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Affiant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town, State, Zip Code