



**THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
 DEPARTMENT OF VETERANS' SERVICES
 600 WASHINGTON STREET, 7TH FLOOR
 BOSTON, MA 02111
 TEL: (617) 210-5480 FAX: (617) 210-5755 TTY: (617) 210-5883
 WWW.MASS.GOV/VETERANS**

CHARLES D. BAKER
 Governor

MARYLOU SUDDERS
 Secretary, EOHHS

KARYN E. POLITO
 Lieutenant Governor

CHERYL LUSSIER POPPE
 Secretary, DVS

CHAPTER 115 RECIPIENT SELF CERTIFICATION FORM

Applicants and recipients who are part of the Massachusetts Chapter 115 benefit program administered by the Department of Veterans Services in cooperation with local Veterans Service Officers must provide verification of incomes, expenses and other information for eligibility and continued payment of all benefits including monetary, medical, and other supplemental programs.

Veteran Name: _____

Address: _____

I certify that the information given to the Department of Veterans Services or my local Veterans Service Officer on _____ is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Massachusetts Law. I also understand that false statements or information are grounds for recoupment of benefits paid to me since the date of submission of this form. Massachusetts General Law Chapter 277, § 59 states that a person who knowingly and willingly makes false fraudulent statements to any department or agency in order to receive benefit payments is guilty of a felony.

INFORMATION BEING CERTIFIED

The above referenced information is valid for 60 days. After 60 days, recipients must submit the required documentation to the Veteran Service Officer in order to avoid interruption in benefits.

Both signatures are required:

Veteran Signature

Date

Veteran Service Officer Signature

Date

WARNING: Massachusetts General Law Chapter 277, § 59 states that a person who knowingly and willingly makes false fraudulent statements to any department or agency in order to receive benefit payments is guilty of a felony.