



Deborah B. Goldberg  
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: **ACTIVE** 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**

Which bonus are you applying for?:  Initial date of entry:

Date active service began:  (for most recent deployment) Branch of service:  Grade:

**BONUS & DEPLOYMENT INFORMATION - (DO NOT fill out this section if stateside)**

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.**

(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):**

**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:

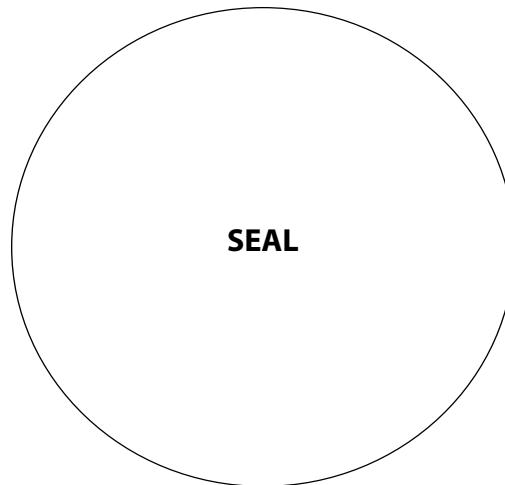
*Street Address*

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*

## COMMANDING OFFICER FORM (ATTESTATIONS)

[to be completed by Commanding Officer and Applicant]

### COMMANDING OFFICER

#### IRAQ OR AFGHANISTAN SERVICE:

"I declare under the pains and penalties of perjury, that according to official military records in my custody, the applicant who is presently under my command has:

- ☐ served within the land area of either Iraq or Afghanistan."
- ☐ served within the air space above the contiguous water area within 12 nautical miles of Iraq."
- ☐ served in the contiguous water area within 12 nautical miles of Iraq."
- ☐ served within the air space above the land areas of either Iraq or Afghanistan."

AND

- ☐ According to official records in my custody, the character of service was **Honorable**.

Date

C.O. Printed Name

C.O. Signature

Contact Phone #

#### FOREIGN SERVICE OF 6 MONTHS OR MORE:

"I declare under the pains and penalties of perjury, that according to official military records in my custody, the applicant who is presently under my command has:

- ☐ performed 6 months or more of active duty outside the continental limits of the United States, including Alaska and Hawaii, **not including Iraq or Afghanistan**."

FROM:

AND

TO:

- ☐ According to official records in my custody, the character of service was **Honorable**.

Date

C.O. Printed Name

C.O. Signature

Contact Phone #

#### STATESIDE SERVICE OF 6 MONTHS OR MORE:

"I declare under the pains and penalties of perjury, that according to official military records in my custody, the applicant who is presently under my command has:

- ☐ performed 6 months or more active duty inside the continental limits of the United States, including Alaska and Hawaii."

AND

- ☐ According to the official records in my custody, the character of service was **Honorable**.

Date

C.O. Printed Name

C.O. Signature

Contact Phone #

### APPLICANT

**I HEREBY CERTIFY, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS TRUE.**

Date

Applicant's Signature

**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 Attestations form signed by Commanding Officer.
- b. **Iraq or Afghanistan** (\$1000)- 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, Ship Itineraries, or a memo typed on military stationery by your Commanding Officer stating your location and dates of service, documentation showing the Iraq/Afghanistan Campaign Medals you received, or a DD214 Member 4 (If separated from deployment) showing location in Iraq or Afghanistan.

2) **SUBSEQUENT:**

- a. **6 months Foreign Service** (\$250)- show proof of your deployment location, your name and corresponding dates.
- b. **Iraq or Afghanistan** (\$500)- 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, Ship Itineraries, or a memo typed on military stationery by your Commanding Officer stating your location and dates of service, documentation showing the Iraq/Afghanistan Campaign Medals you received, or a DD214 Member 4 (If separated from deployment) showing location in Iraq or Afghanistan.

- 3) If you are in the National Guard or Reserves, please submit your orders sending you to active duty or discharge papers. You must be activated under **Title 10** not Title 32.

**\*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.**

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

**Military ID:** [This is for identification purposes]

☐ I have included a copy of my military ID.

**Commanding Officer Form (ATTESTATIONS):**

☐ I have enclosed the completed Commanding Officer Form (ATTESTATIONS) including both of our original signatures.

**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.