



# CHAPTER 115 MASSACHUSETTS VETERANS SERVICES BENEFITS BUDGET WORKSHEET

Created by the Veterans Legal Clinic, Legal Services Center of Harvard Law School

## CHART A – BUDGET ALLOWANCE

1. Which one of the following applies to you?

I am single and living alone.	Add \$732
I am married and living with my spouse.	Add \$989
I am a resident in an institution (examples include someone living in a homeless shelter, hospital, nursing home, Soldier's Home at Chelsea or Holyoke, U.S. Department of Veterans Affairs residential home, or other facility at which you receive shelter, food and other services <u>for free</u> ).	Add \$190
I am living in transitional housing or another facility where you pay for shelter or food and return to the same bed each night.	Add \$707

**1. Budget Amount:**

2. How many children do you have who are 18 or under, or between 19 and 23 and attending high school or college, and who are living with you?

One qualifying child	Add \$302
Two qualifying children	Add \$604
More than two qualifying children	Add \$604 plus \$160 for each additional child

**2. Child Allowance:**

3. Do you receive any of the following: Social Security Retirement; Social Security Disability Insurance; Supplemental Security Income; a federal, state, county, city or town pension; or a VA non-service connected pension or widow's pension?

If yes:	Add \$339
Does your spouse also receive any of the benefits listed above? If yes:	Add additional \$339

**3. Retired or Elder Benefits Amount:**

4. Do you pay rent or mortgage on a home? Or if you live in a mortgage-free home, do you pay expenses such as principal and interest on the mortgage, water and sewer charges, fire insurance premiums, etc.?

If you answered yes to any of these questions, what is your monthly payment? \_\_\_\_\_

If this amount is less than \$489 for unheated shelter or \$657 for heated shelter, fill this amount in as the shelter allowance below. If this amount is greater than \$489 for unheated shelter or greater than \$657 for heated shelter, then round down and just fill in \$489 or \$657 respectively.

**4. Shelter Allowance:**

5. Do you receive and pay for Medicare Part B coverage out of your Social Security or private pension check?

If yes:	Add \$135.50
Does your spouse also receive and pay for Medicare Part B coverage? If yes:	Add additional \$135.50

**5. Medicare Part B Allowance:**

6. Add items 1 through 5 to get your total benefits allowance.

**6. CHART A TOTAL:**

Turn over →

### CHART B – COUNTABLE INCOME

#### Employment Income:

1. What is the amount of your monthly income from employment?  
\_\_\_\_\_
- If you receive weekly paychecks, multiply the check amount by 4.33:  
\_\_\_\_\_
- If you receive biweekly paychecks, divide the check amount by 2, then multiply by 4.33: \_\_\_\_\_
2. Deduct \$200 from your total monthly income from employment:  
\_\_\_\_\_

**Monthly Employment Income:** \_\_\_\_\_

#### Other Sources of Income:

1. Add any monthly income from rental property\*:  
\_\_\_\_\_
2. Add any monthly VA benefits, such as compensation or pension: \_\_\_\_\_
3. Add any monthly Social Security Retirement, SSDI, SSI, or retirement income: \_\_\_\_\_
4. Add any monthly Unemployment, Worker's Compensation, sick-leave or long-term disability benefits: \_\_\_\_\_

**Monthly Other Income:** \_\_\_\_\_

\* Income from rental property is calculated by deducting income rental principal, interest on the mortgage, property taxes, fire insurance premiums, water and sewer, and "reasonable maintenance costs." The remainder is considered rental income. 108 CMR 6.01(6).

**Add Monthly Employment Income and Other Income for CHART B TOTAL:**

### CHART C – FUEL ALLOWANCE

Do you pay for heating costs of the dwelling where you live?

- If yes, plug in \$296 to the CHART C total.

**CHART C TOTAL:**

### CHART D – ASSET LIMIT

Your assets\* cannot exceed the following:

Single Person:   \$5,000    
Married Person:   \$9,800  

\*Examples of assets are bank deposits and corporate stocks and bonds. Generally, your primary home and a car will not be counted as assets. Life insurance policies DO NOT count as assets. If a bank account is held in more than one name, the total amount in the account should be divided by the number of people whose names are on the account and the appropriate fraction should be counted as assets belonging to the veteran. For example, if a veteran is a co-holder of an account with his or her sibling and the account has \$4,000.00 in it, then the total amount in the account should be divided by 2 and the veteran should list \$2,000.00 in assets from the account.

### FINAL CALCULATION OF ESTIMATED MONTHLY BENEFITS

**1. Check CHART D to confirm you are below the asset limits.**

**2. Subtract CHART B Total from CHART A Total:**

**CHART A Total:** \_\_\_\_\_  
**Minus (-) CHART B Total:** \_\_\_\_\_  
**Equals (=):** \_\_\_\_\_

If this value is negative, you are above the income limits and are ineligible for regular monthly benefits. You may still be eligible for "medical only" benefits. Go to CHART E on the next page to calculate "medical only" benefits.

**3. Add (+) CHART C Total:** \_\_\_\_\_

**Equals (=) Estimated Amount of Monthly Benefits:**

(Note: this amount is only an estimate. See your local VSO to apply for Chapter 115 Benefits.)

### CHART E – MEDICAL ONLY BUDGET

If your total from CHART B is more than your total from CHART A, then you are likely not eligible for monthly Chapter 115 benefits, but you may still be eligible for “Medical Only” coverage.

Based on the number of people in your household, fill in the appropriate amount from the table below and subtract it from your CHART B total to get your CHART E Total.

Number in Household	Maximum Monthly Income
1 person	\$2,081
2 people	\$2,818
3 people	\$3,555
4 people	\$4,292

CHART B Total: \_\_\_\_\_

Minus (-) Table Amount: \_\_\_\_\_

**Equals (=) CHART E Total:** \_\_\_\_\_

Your CHART E total represents the amount of money you must “spend down” on medical expenses each month before the VSO will start reimbursing you for eligible medical expenses. To learn more about “spend down” requirements and to figure out whether you are eligible for Medical Only Coverage, contact your VSO.