



Submit to:
Iowa Department of Veterans Affairs
7105 – NW 70th Avenue
Camp Dodge, Bldg. A6A
Johnston, IA 50131-1824

Vietnam Conflict Veterans Bonus Application

This Form is for LIVING VETERANS and BENEFICIARIES of deceased veterans. Please review before completing and follow instructions carefully as errors and omissions will delay payment. Direct any questions to the Department.

PLEASE PRINT CLEARLY USING INK OR A TYPEWRITER. DO NOT USE PENCIL.

The applicant hereby applies to the Iowa Department of Veterans Affairs for compensation as provided for by 2007 Iowa Acts, Senate File 578, Vietnam Conflict Veteran Bonuses for active duty service between July 1, 1973 and May 31, 1975, both dates inclusive or if you were denied the prior bonus for Iowa residency between July 1, 1958 through June 30, 1973.

1. NAME OF APPLICANT (Name of beneficiary if Veteran is deceased)

First Name	Middle Name or Initial	Last Name
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If application is filed by a beneficiary, identify relationship of applicant to the Veteran:

___ Un-remarried Widow ___ Child ___ Mother ___ Father ___ Person in Loco Parentis

2. APPLICANT'S CURRENT ADDRESS

Street Address

City	State	Zip	Telephone (w/ area code)
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3. LEGAL RESIDENCE of VETERAN for the PERIOD OF SIX (6) MONTHS immediately prior to actual induction or enlistment in the Armed Forces of the United States [The Veteran must have been a legal resident of the State of Iowa for six (6) months prior to induction or enlistment.]

Street Address

City	State	Zip	
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4. VETERAN'S Service/Serial Number: _____ **SSAN:** _____

5. Name of DECEASED VETERAN or name under which VETERAN served if different than in Item #1.

First Name	Middle Name or Initial	Last Name
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6. DATE OF ENTRY into active duty **DATE OF SEPARATION from active duty**

Month	Day	Year	Month	Day	Year
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FOR DEPARTMENT USE ONLY
DO NOT WRITE IN THIS AREA

Claim Number _____

Warrant Number _____

Compensable Vietnam Area Service: (\$500 maximum)
 Vietnam Area Service at \$17.50 per month
 Number of Months _____

\$ _____

Compensable service for those NOT in the Vietnam service area: (\$300 maximum)
 Service computed at \$12.50 per month
 Number of Months _____

\$ _____

Previously compensated amount: (July 1, 1958 –30, June 1973)

\$ _____

TOTAL AMOUNT DUE

\$ _____

Approved for Payment _____

Audited by _____

Executive Director IDVA _____

Date application received _____

CLAIMING CREDIT FOR VIETNAM SERVICE AREA

(Attach a separate sheet documenting service, if more space is needed.)

DATE OF ENTRY into the Vietnam Service Area

DATE OF DEPARTURE from the Vietnam Service Area

Month Day Year

Month Day Year

7. If VETERAN LOST ANY TIME in service by reason of AOL, AWOL, desertion, or confinement By Court Martial, state length of such lost time

Total Number of Months _____ Total Number of Days Months _____

8. BRANCH OF SERVICE in which the VETERAN served

___Merchant Marine ___Navy ___Marine Corps ___Coast Guard ___Air Force ___Army

9. Was VETERAN separated from active duty under HONORABLE CONDITIONS?

Please circle one: Yes No

Did the VETERAN ever refuse on conscientious, political, religious, or other grounds to be subject to military discipline?

Please circle one: Yes No

10. Has VETERAN received a bonus or compensation from any other state based on service during the Vietnam Conflict?

Please circle one: Yes No If Yes, Name of State _____ Amount Received \$ _____

11. Attach a copy of the VETERAN'S DD-214 (discharge papers)

A discharge "certificate" is not acceptable; **YOU MUST** submit a DD-214.

** If VETERAN IS DECEASED, see the instructions below for additional documents the beneficiary must file.

If applicant is STILL ON ACTIVE DUTY in the Armed Forces of the United States the following certificate must be completed and signed by a Commissioned Officer of the Armed Forces of the United States who has official custody of the service record of the applicant.

CERTIFICATE (for applicant now in military service)

I, the undersigned, do hereby certify that is a member of my command and in active service in an honorable status; that I have personally examined the Applicant's service record and that all of the statements contained in said application insofar as they refer to the Applicant's service in the armed forces of the United States are true and correct as shown by service records.

Dated this _____ day of _____, 20 _____

Name

Rank

Organization

12. I, _____ state that I am the applicant named and that each and every statement is true and correct as I verily believe.

Date _____ Applicant's Signature _____

**In addition to the Veteran's DD 214, beneficiaries must submit the Veteran's Death Certificate plus the following:

- **Unremarried Widows:** Marriage certificate and sworn statement they did not remarry after the Veteran's death.
- **Children:** Child's birth certificate identifying the Veteran as the child's father.
- **Mothers or Fathers:** Veteran's birth certificate identifying the Applicant as the Veteran's mother or father.
- **Person's In Loco Parentis:** Court order or other document satisfactory to the Department to determine relationship.

SUBMIT COMPLETED ORIGINAL APPLICATION AND ATTACHMENTS TO THE IOWA DEPARTMENT OF VETERANS AFFAIRS