

APPLICATION FOR WEST VIRGINIA KOSOVO VETERANS BONUS

FORM Y-1 (TO BE USED BY LIVING VETERANS)

Before filling out this form, study it carefully. Read instructions provided and follow them. Print plainly or use typewriter. Living relatives of deceased veterans must execute Form Y-2 in filing for bonus.

1a. Name of Applicant

 FIRST MIDDLE NAME LAST

1b. Social Security Number _____ 1c. Phone# _____

2. Address to which CHECK or MAIL is to be sent:

 Street or Route City or Town County State Zip Code

3. Bona Fide Residence at Entry to Service and 6 months prior thereto

 Street or Route City or Town County State Zip Code

4. Date and Place of Birth

 Date Place

5. Name under which Applicant served (if different than 1a)

 First Middle Last

6. Date and Place of Entry on Active Duty

 Date Place

7. Date and Place of Discharge or Separation

 Date Place

8. Branch of Service

9. Has Applicant Applied for or received a Kosovo bonus from any other State? YES NO
 If "YES" name of State _____

10. Dates Applicant Served on Active Duty Between November 20, 1995 and December 31, 2000, inclusive

 Beginning Ending

11. Was Applicant Awarded Armed Forces Expeditionary Medal for Service in Kosovo? Yes No

12. Reservist ordered to Active Duty for Kosovo? Yes No

13. I certify that all statements made by me hereon are true and correct to the best of my knowledge. I further understand that if I have knowingly and willfully made any false statements, I will be liable to Punishment in accordance with applicable law.

STATE OF _____
 COUNTY OF _____

 Signature of Applicant or Legal Representative

Taken, subscribed and sworn to before me this
 ___ day of _____, 20__.

 (Notary Public or other official authorized to Administer Oaths)

My Commission Expires _____

SEAL