Veteran Service Office

Business hours: 8:00am to 5:00pm

APPOINTMENTS ONLY Monday, Tuesday, Thursday, and Friday

904 W 6th Street Clovis, NM

Ben Padilla

505-537-1445

ben.padilla@dvs.nm.gov

Supervisor Matt Barela

575-825-9602

matthew.barela@dvs.nm.gov

Wednesday 10:00 – 12:00 & 1:30 - 3:00

Will be a walk-in day
for **state benefits** or to schedule an appointment.

Matt Barela
904 W. 6th St.
Clovis, NM 88101
Phone: (575) 825–9602
Email: Matthew.Barela@dvs.nm.gov

Ben Padilla
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Clovis, NM 88101
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Checklist

Tax Exemption – Veteran

_____ DD-214/NGB-22

_____ NM Driver's License
Or
_____ NM Voter Registration

Tax Exemption – Surviving Spouse

_____ DD-214/NGB-22

_____ NM Driver's License
Or
_____ NM Voter Registration

_____ Death Certificate

_____ Was Veteran Receiving Tax Exemption?

Tax Waiver – Veteran

_____ DD-214

_____ VA Letter 100% Service-Connected Disability Permanent and Total

_____ NM Driver's License
Or
_____ NM Voter Registration

Tax Waiver – Surviving Spouse

_____ DD-214

_____ VA Letter 100% Service-Connected Disability Permanent and Total

_____ NM Driver's License
Or
_____ NM Voter Registration

_____ Death Certificate

_____ Was Veteran Receiving Tax Waiver?

Veterans Intake Information Sheet

First _____ Middle_____ Last_____

Social Security Number _____ Date of Birth _____

Telephone _____ Place of Birth _____

Preferred E-mail _____

Service Number (if applicable) _____

Has the veteran ever filed a claim with the VA? ( ) Yes ( ) No

VA File Number _____

Street Address _____

Apartment Number _____

City _____

State _____

ZIP Code _____

Country (use 2-digit codes) _____

Forwarding Address:

Effective Date (provide the date the claimant will be living at this address)

_____

Street Address _____

Apartment Number _____

City _____

State _____

ZIP Code _____

Branch of Service:

[ ] Army
[ ] Navy
[ ] Marine Corps
[ ] Air Force
[ ] Coast Guard

Component:

[ ] Active
[ ] Reserves
[ ] National Guard

Service Information

Most recent active service entry date
(MM,DD,YYYY) _____

Place Entered_____

Release date or anticipated date of release from active duty (MM,DD,YYYY)

_____

Place of Last or Anticipated Separation_____

Did the veteran serve in a combat zone since September 11, 2001?

( ) Yes ( ) No

Place of _____

National Guard Duty

Component:

( ) National Guard
( ) Reserves

Obligation Term of Service:
From _____

To _____

Provide the name, address and telephone number of the Veteran's current or last Reserve/National Guard Unit. Unit Name _____

Address _____

Telephone _____

Is the veteran currently receiving inactive duty training pay?

( ) Yes ( ) No

Is the veteran currently activated on federal orders within the National Guard or Reserves?

( ) Yes ( ) No

Date of Activation _____

Anticipated Separation Date _____