

# Veteran Service Office

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904 W 6th Street Clovis, NM

**Ben Padilla**

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**Supervisor Matt Barela**

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**Wednesday 10:00 – 1 :00**

**&**

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

**Matt Barela**  
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## Checklist

### Tax Exemption – Veteran

DD-214/NGB-22

NM Driver's License  
Or  
 NM Voter Registration

### Tax Waiver – Veteran

DD-214

VA Letter 100% Service-Connected  
Disability Permanent and Total

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 – 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 \_\_\_\_\_