

FRAMINGHAM VETERANS SERVICES – 508-532-5515

CONFIDENTIAL APPLICATION FOR VETERANS PROPERTY TAX ABATMENT WORK-OFF PROGRAM

Name of applicant _____ Birth date: _____

Address _____

Telephone _____ Email _____

ELIGIBILITY REQUIREMENTS

- | | | |
|--|-----------|----------|
| 1. Veteran IAW MGL c.4 sec7 cl.43rd? | Yes _____ | No _____ |
| 2. Homeowner? | Yes _____ | No _____ |
| 3. Framingham resident for at least 1 year? | Yes _____ | No _____ |
| 4. Reside in property for which relief is requested? | Yes _____ | No _____ |
| 5. Is property currently in a trust? | Yes _____ | No _____ |

Please attach a copy of a most recent real estate property tax bill.

By signing below I attest that all the above information is correct and true to the best of my knowledge. If I am accepted for the Veterans Property Tax Abatement Work-Off Program, I understand that I will receive minimum wage to earn a maximum of \$750.00 credit, which can only be applied, to my Town of Framingham Property Tax.

Signature: _____ Date: _____

PLACEMENT INFORMATION

Please list your skills from current or past work experience and check off any of the skills listed below that pertain to you.

With limited positions in the program, please share with us any hobbies and/or interests you have that might help us in seeking or creating a position. _____

Do you have any limitations or needs which may affect your ability to perform the duties of the position—i.e., physical, availability, other? If so, please explain.

Any department you work in will be expected to do a CORI.

As a participant in the Veterans Property Tax Abatement Work-Off Program, I understand that I may earn a maximum of \$750 credit to be applied to my Town of Framingham property tax bill. I further understand that this reduction in my property taxes may affect my eligibility for the state of Massachusetts Senior Circuit Breaker tax credit.

Signature _____ Date _____

FOR OFFICE USE ONLY

Department Referred to: _____

Date Accepted: _____ Date Dismissed: _____

If denied/dismissed, indicate reason: _____

Signature of Property Tax Work Off Coordinator: _____

If necessary - Referral #2 _____ Date Accepted: _____

Date Withdrawn _____ Reason: _____