

VETERAN PROPERTY TAX WORK OFF PROGRAM
January 1, 2024 – October 31, 2024

APPLICATION

Name of Applicant: _____ Phone #: _____

Mailing Address: _____ Email: _____

SS#: _____ Tax Filing Status: _____

Name & Phone # of Emergency Contact: _____

Property Address for which you are seeking a credit: _____

PART A: Eligibility requirements. Please answer the following questions

| | YES | NO |
|---|------------|-----------|
| Are you a veteran as defined by MGL Ch. 4, § 7, cl. 43? | _____ | _____ |
| Are you a Hadley homeowner or the current spouse of a Hadley homeowner? | _____ | _____ |
| Is your Hadley home your primary residence? | _____ | _____ |
| Do you own any other properties in MA or any other state? | _____ | _____ |
| Do you own and occupy the property for which you are seeking a credit? | _____ | _____ |
| Are you a town of Hadley employee? | _____ | _____ |

PART B: Qualifications

List your skills and talents. Please list at least three skills

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list your current or former occupation(s): _____

OVER

Please check off areas of proficiency:

COMPUTER ☐ Basic ☐ Intermediate ☐ Advanced ☐ Word Processing ☐ Excel ☐ Other _____
☐ Comfortable dealing with public ☐ Comfortable answering the phone
☐ Comfortable in busy environment ☐ Other _____

Do you have any physical or medical restrictions? (For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, etc.) Please explain.

Do you prefer to work outdoors if a position were available? _____ YES _____ NO
Do you drive? _____ YES _____ NO
Do you have transportation to a work site? _____ YES _____ NO

Please note dates, days and time you are able to participate, or scheduling restrictions.

(You will be notified of Acceptance/Non-Acceptance by Veterans Service Office in December.)

By signing below, I attest that my Hadley residence is my primary residence, and if I qualify for the Veterans Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my Town of Hadley Property Tax.

Signature: _____ Date: _____

We thank you for completing this portion of the Veteran Tax Credit Program Application! If you have any questions, please contact Steve Connor, Veterans Services Director at 413-587-1299.

FOR OFFICE USE ONLY

Disposition of Application

Granted

Denied

Placement:

Department _____

Position Title _____

Non-Placement:

Please indicate reason for denial:

Staff Signature _____