VETERAN PROPERTY TAX WORK OFF PROGRAM April 1, 2021 – October 31, 2021

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 answe	er the following YES	g questions 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	5		
List you skills and talents. Please list at least three skills			
Please list your current or former occupation(s):			

Please check off areas of profice COMPUTER: Basic Inter Comfortable dealing with Comfortable in busy environments.	mediate	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 of Do you drive? Do you have transporta	_	YESNOYESNOYESNO	
Please note dates, days	and time you are able to participate, or sci	heduling restrictions.	
(You will be not	ified of Acceptance/Non-Acceptance by Veterans	Service Office in January.)	
	my Northampton residence is my primary Off Program, I understand that what I earr		
Signature:		Date:	
	ing this portion of the Veteran Tax (ease contact Steve Connor, Veteran		
	FOR OFFICE USE ONLY	7	
Disposition of Ap	plication		
Granted	Denied		
Placement: Department			
Position Title			
Non-Placement: Please indicate rea	ason for denial:		
Staff Signature			