

Completed applications are submitted to:
Northampton Veterans' Services, 240 Main St., Suite 4, Northampton, MA 01060

VETERAN PROPERTY TAX WORK OFF PROGRAM
January 1, 2022 – October 31, 2022

PARTICIPANT APPLICATION

Name of Applicant: _____ Phone #: _____

Mailing Address: _____ Email: _____

Name & Phone# of Emergency Contact: _____

Property Address for which you are seeking a credit: _____

SSN: _____ Tax Filing Status: _____

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 Northampton homeowner or the current spouse of a Northampton homeowner?
- Is your Northampton 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 credit?
- Are you a City of Northampton employee?

PART B: Qualifications

List your skills and talents (minimum of three)

_____	_____
_____	_____
_____	_____

Please list your former occupation(s): _____

Please check off areas of proficiency:

COMPUTER: Basic Intermediate Advanced Word Processing Excel Other _____

Comfortable dealing with the public
Comfortable in a busy environment

Comfortable answering the phone
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.

YES NO

Do you prefer to work outdoors if a position were available?

Do you drive?

Do you have transportation to a work site?

Please note dates, days and times you are able to participate, including scheduling restrictions.

You will be notified of Acceptance/Non-Acceptance by Veterans Services in January 2022.

By signing below, I attest that my Northampton 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 City of Northampton Property Tax. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Signature: _____ **Date:** _____

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

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Disposition of Application			
Granted <input type="checkbox"/>	Denied* <input type="checkbox"/>	*State reason for non-placement:	
Placement:			
Department			
Position Title			
Staff Signature:			