



Council on Aging/ Veterans

Amesbury Council on Aging
68 Elm Street
Amesbury, MA 01913-2892

Tel: (978) 388-8138
Fax: (978) 388-8144

Amesbury Veterans Tax Work-off Application: Calendar 2017

Date: _____

Contact Information

Name	
Street Address	
City ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for Tax Credit assignments?

- Weekday mornings
- Weekday pm
- Weekday evenings

Eligibility Requirements

Veteran? Yes _____ No _____

Homeowner? * Yes _____ No _____

Amesbury resident? Yes _____ No _____

Reside in property for which relief is requested? Yes _____ No _____

Working for a veteran? If yes complete attachment A. Yes _____ No _____

* If property is in a trust, etc., please explain

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Emergency Contact Information

Name of emergency contact person: _____
Relationship: _____
Address: _____
Home Phone: _____ Work: _____ Cell: _____

Do you have any restrictions or needs which may affect any position----e.g., physical requirements, seasonal, schedule, Hours of day (duration and/or number of hours), frequency, etc. Please explain.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, volunteer work, or through other activities, including hobbies or sports.

Agreement and Signature

As a participant in the Property Tax Work Off Program, I understand that I may earn a maximum of \$1,000. Credit to be applied to my City of Amesbury property tax bill. I have read and received a copy of the "Eligibility and Requirements for Real Estate Tax Credit" guidelines.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the City of Amesbury to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
Thank you for completing this application form and for your interest in the Tax Credit Program.

Signature _____

Date _____

Verification for applicant:

VSO: Verification that resident is eligible and has a valid DD214 with honorable discharge : Yes _____ No _____

VSO Signature: _____ Date: _____

Attachment A:

Applicants Name: _____

Recipient name: _____

Person working tax work off for must meet all income guidelines and residency guidelines: Applicant may not be privy to veterans personal information. Valid DD214 with honorable discharge must be verified. VSO verification is required.

Recipient Veteran of tax benefit:

Name	
Street Address	
City ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Verification:

VSO: Verification that resident is eligible and has a valid DD214 with honorable discharge: Yes _____ No _____

VSO Signature: _____ Date: _____

7/2013: Revised 6/2014: Revised 3/2015: revised 12/2015: August 2016