

TOWN OF HUNTINGTON
Veteran Tax Work Off Abatement Program
(M.G.L. Chapter 4, Section 7, Clause 43)
FY 2025

Application forms are available in Town Hall and online at www.huntingtonma.us for the Veteran Tax Work Off Program for Fiscal Year 2025. Tax reduction amount will be applied to February 1 or May 1, 2025 property tax bill (depending on when hours are completed). Under this program, veteran taxpayers may earn a real estate tax reduction of \$500 per fiscal year at a rate of \$15.00 per hour (state minimum wage) for up to 33.33 hours of work. The program is administered by the Huntington Selectboard and the Huntington Board of Assessors.

Eligibility Requirements

- **Veteran Eligibility:** As defined in M.G.L. Chapter 4, Section 7, Clause 43.
- **Ownership and Occupancy:** Must be assessed owner or have a life estate on the property as of January 1, 2024 or, if the property is subject to a trust, the veteran must have legal title, (i.e. be one of the trustees) to the property on January 1, 2024. Where there is a question, the Board of Assessors will make the final determination. You must have owned and occupied property/properties in Huntington as your domicile(s) for the preceding 5 years. **Must be current with payment of all town taxes, including water and sewer, for all prior fiscal years.**

How to Apply

- **Application:** File the application, acknowledgement, release, and CORI forms with the Selectboard Office, 24 Russell Road, P.O. Box 430, Huntington, MA by the deadline of **February 12, 2024.**
- **Eligibility:** Real estate ownership will be reviewed by the Town of Huntington Board of Assessors. Veteran's eligibility will be reviewed by Board of Assessors and/or Veterans' Services Officer. Applicants who do not meet requirements will be notified in writing by the Assessors' office.
- **Selection Process:** Selection of eligible applicants will take place by the Selectboard at their regular meeting. Applicants will be notified by mail.
- **Job Placement:** Applicant will be matched to a town department, board, or committee offering a volunteer position and will be given the supervisor's name, scheduled hours and time sheet to be initialed by volunteer and supervisor.

General Information

- **Maximum Abatement and Hourly Rate:** The maximum abatement that veteran taxpayers may earn is **\$500 per fiscal year** at a rate of \$15.00 per hour. Taxpayers will be credited for up to **33.33 hours** of work to receive the abatement in the maximum amount of \$500. If the maximum hours are not completed, credit received will be based on the number of hours worked. Any volunteer service performed after the 33.33 hours cannot be used for the Tax Work-Off Program.

- **Participation:** The tax credit can be awarded to a maximum of 6 veterans (or their representatives, if disabled) per fiscal year, depending on job availability in town departments. The taxpayer must submit an application by **February 12, 2024 and complete work by February 15, 2025**. Program selection is valid for one fiscal year.

If a volunteer leaves the program before the full number of hours worked, those unworked hours are forfeited. Credit will be given only for hours worked.

For those who are physically unable to provide a service to the town, an approved representative may apply to do the work on their behalf.

- **Certification:** At the time that the veteran has worked up to 33.33 hours or voluntarily ends participation in the program, the Town Administrator will complete a certificate of completion with the number of hours worked, and the amount of the tax credit earned by the senior, and will forward it to the Town Tax Collector and Board of Assessors.

Time sheets to be certified must be submitted by February 20, 2025.

Important Information

- **If you qualify for the state Circuit Breaker Credit, the amount you may be eligible for could be affected by participation in this program.**
- **You are still eligible for any real estate exemptions that you apply for and receive that are based on age or military service.**
- **If you are a veteran age 60 or over, you are eligible to also apply for the Senior Tax Work Off Abatement Program.**

TOWN OF HUNTINGTON
Veteran Tax Work Off Abatement Program
FY 2025
Confidential Application for Participation

Owner's Full Name: _____

Mailing Address and Address of Property (if different): _____

Daytime/Cell Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Placement Information:

In order to assist with placement, please describe your past work, jobs, experiences, computer skills, other types of skills you have, hobbies or interests, are you creative, good with numbers or finances, enjoy reading and/or writing, physical labor: _____

If you have computer skills, how proficient are you and what programs are you familiar with? _____

Are there any physical limitations that need to be considered in placing you? _____

Hours available: Mornings: _____ Afternoons: _____

Days of the week that you are available: _____

How many hours can you work each day? _____ Each week? _____

Is there a department or board you prefer? (Examples: Town Clerk, Collector, Selectboard, Treasurer, Health Board, Transfer Station, Library, Highway, Fire, Water & Sewer, Recreation/Community Events, Planning Board, Zoning Board, Finance Committee, Memorial Day Committee, Council on Aging) _____

Why? _____

PLEASE SIGN BELOW:

As a participant in the Work Off program, I understand that I or my representative (if I have a disability) may earn a maximum of \$500 credit to be applied to my Town of Huntington property tax bill. I further understand that I have federal tax obligations and this reduction in property taxes may affect my eligibility for the State Circuit Breaker Credit.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Signature: _____ Date: _____

Please return by February 12, 2024 to:

**TOWN OF HUNTINGTON, SELECTBOARD OFFICE,
P. O. BOX 430, 24 RUSSELL ROAD, HUNTINGTON, MA 01050
(413) 512-5200**

SENIOR AND VETERAN TAX WORK-OFF PROGRAMS
ACKNOWLEDGEMENT

I (name) _____, of (address) _____
_____, if selected for the Town of Huntington Senior and Veteran
Tax Work-Off Programs, do hereby state the following:

1. To be eligible for benefits under the Senior and Veteran Tax Work Off Programs, and receive a tax credit there under, I hereby recognize that I (or my representative, if disabled) may only work a maximum of 33.33 service hours per fiscal year. Any hours volunteered beyond 33.33 hours do not qualify me for any additional tax credit above that which I am allotted under the program. The amount credited per hour is \$15.00 with a maximum credit of \$500;
2. To be eligible for benefits under the Senior and Veteran Tax Work Off Programs, I hereby acknowledge that I (or my representative, if disabled) will undergo a Criminal Records Check (CORI), and hereby assent to said background check by the Town;
3. To be eligible for benefits under the Senior and Veteran Tax Work Off Programs, I may be required to produce evidence and/or documents showing that I meet the requisite criteria contained in my application. The Huntington Selectboard and Board of Assessors shall have the sole discretion to determine whether the aforementioned evidence/documentation is sufficient to allow me entry into the program;
4. I hereby acknowledge that my placement and work assignments in the Senior and Veteran Tax Work Off Programs shall be determined by and shall be at the sole discretion of the Huntington Selectboard.
5. I hereby acknowledge that my actions as a participant in the Senior and Veteran Tax Work Off Programs shall be governed by, and shall be subject to the direction and supervision of the Huntington Selectboard and designated Site Supervisor.
6. Program ends February 15, 2025.
7. Tax credit amount will appear on one of these real estate bills:

Payment due February 1 OR May 1, 2025.

Date: _____

Signature: _____

RELEASE FORM
PARTICIPATION IN PROPERTY TAX WORK-OFF PROGRAM

I, _____, hereby state that I am qualified and physically capable of performing the work and activities for which I have volunteered, and that I will perform them as directed by a properly authorized Town employee or official. I agree to comply with any and all rules and regulations of the Town of Huntington in the performance of any work and activities in connection with my participation in the property tax work-off program. I acknowledge and agree that there may be certain risks of injury and that my participation in the property tax work-off program is my free and voluntary act.

In consideration of my being allowed to participate in the program, I, on behalf of myself and my agents, predecessors, successors, insurers, heirs and assigns, hereby release, forever discharge and agree to hold harmless the Town of Huntington, its officers, employees, and agents from any liability for any and all loss, damage, costs, claims, expenses and compensation arising out of any bodily injury or property damage I receive or incur in connection with my participation in the property tax work-off program.

I acknowledge that by participating in the property tax work-off program, I have not been hired as an employee of the Town or otherwise appointed to a Town position, and I will not receive any salary or income from the Town for my services. As such, I understand that I am not eligible for workers' compensation under G.L. c.152 and that I cannot make any claims against the Town for any injury, loss or damage to person, including bodily injury or death, or property suffered while involved in volunteer work or projects for the Town pursuant to the property tax work-off program. I also agree that I shall provide my own health insurance and will not be eligible to enroll in the group insurance offered by the Town.

Signature:

Print Name:

Date:



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

TOWN OF HUNTINGTON is registered under the
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to
TOWN OF HUNTINGTON

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing TOWN OF HUNTINGTON
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that TOWN OF HUNTINGTON may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date