



# Town of Hingham

Department of Veterans' Services

210 Central Street, Hingham, Massachusetts 02043

P: 781-741-1440 F: 781-804-2442

## Hingham Veterans' Property Tax Work-Off Application Information

The Hingham Veterans' Property Tax Work-Off Program allows qualified veterans, who reside in property owned in Hingham, an abatement of up to \$1875 for work in a fiscal year, as directed by the Hingham Veterans' Services Officer. The property-tax abatement will be applied to the May property-tax bill corresponding to the second half of the fiscal year.

Priority will be given to veterans eligible for MGL c. 115 benefits and/or veterans who are age 65 or older. Disabled veterans who are selected may utilize a substitute person.

Please return the completed application to the Veterans' Services office on the 2<sup>nd</sup> floor of Town Hall or call 781-741-1440 for more information or to arrange an interview.

### Eligibility Requirements:

1. Qualified Veteran under Massachusetts General Laws Chapter 4, Section 7, Clause 43
2. Honorable Discharge
3. Meets latest Plymouth County MA Income Thresholds if there are more than 10 applicants

*-Fiscal Year 2023 Plymouth County MA Income Thresholds – Dept. of VA\**

\* Source: [va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits](http://va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits)

Veteran Only	+1 Dependent	+2 Dependents	+3 Dependents	+4 Dependents	+5 Dependents	+6 Dependents	+7 Dependents
\$78,300	\$89,500	\$100,700	\$111,850	\$120,800	\$	\$131,285	\$139,755

### Applicants Must Provide Copies of the Following Documents:

1. DD-214
2. Picture ID
3. Social Security card
4. Latest Federal income tax Form 1040
5. Latest Hingham real-estate tax bill

### Self Check-Off List

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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## Hingham Veterans' Property Tax Work-Off Application FY-\_\_\_\_\_

Name:		Date:
Street Address:		
City:	State:	Zip:
Home Phone:	Mobile Phone:	
Email Address:		

I understand that my application is valid for three years from the date above, that a maximum of 10 veterans can be selected during any given fiscal year, and that any work performed is at the discretion of the respective Town department head.

If I am selected for participation in the Hingham Veterans' Property Tax Work-Off Program, I understand that:

- (1) I must submit a Criminal Offender Record Information (CORI) request, and
- (2) I may earn a maximum of \$1,875 per household, which will be applied as an abatement to my Town of Hingham property tax, and
- (3) My earnings under the program are subject to Medicare and Omnibus Budget Reconciliation Act (OBRA) withholding, and
- (4) I will receive a Federal Form W-2 detailing the tax credit and withholding

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



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## **Town of Hingham Employee Information**

(Please Print)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_

Hingham, MA 02043 - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # \_\_\_\_\_

Birth Date: \_\_\_\_\_  
(YYYYMMDD)

Single \_\_\_\_\_ Married \_\_\_\_\_

Department: **Veterans' Services**  
Name of Position: **Valor Act Volunteer**  
Salary Classification: **Hourly**  
Rate of Pay: **MA Minimum Wage for tax year in which hours were worked**

Date Employed \_\_\_\_\_





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**\*\*\*INTERNAL USE ONLY\*\*\***

## Veterans' Benefits Administrator Evaluation

**Date:** [Click here to enter a date.](#)

**Veteran:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

### Completed Applicant's Form Checklist

Hingham Veterans' Property Tax Work-Off Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Town of Hingham Employee Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CORI Request Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Completed & Delivered to Accounting Department:

Form W-4 Employee Withholding Allowance Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OBRA Acknowledgement Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*\*\*\*\*

### **Eligibility:**

Honorable Discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Income within VA GMT limits (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### **Priority:**

Eligible for MGL c. 115 benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age 65 or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*\*\*\*\*

## Veterans' Services Officer Evaluation

**Date:** [Click here to enter a date.](#)

**Veteran Selected:**  Yes  No

**First Tax Work-Off Fiscal Year** [Click here to enter text.](#)

**VSO Signature:** \_\_\_\_\_