



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 \$1,500 for volunteer 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 2nd 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

-Fiscal Year 2018 Plymouth County MA Income Thresholds – Dept. of VA

Veteran Only	+1 Dependent	+2 Dependents	+3 Dependents	+4 Dependents	+5 Dependents	+6 Dependents	+7 Dependents
\$60,225	\$68,805	\$77,385	\$85,965	\$92,895	\$99,770	\$106,645	\$113,520

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 ten veterans can be selected during any given tax 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 \$1,500 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: **Current Min. Wage**

Date Employed _____



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CORI REQUEST FORM

The Hingham Human Resource Office has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/ Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

MOTHER'S MAIDEN NAME

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER -__ __ -__ __ __ __
(Last six (6) digits are required)

CURRENT AND FORMER ADRESSES: _____

SEX:___ HEIGHT:___ft ___in WEIGHT:_____ EYE COLOR:_____

STATE DRIVER'S LICENSE NUMBER: _____
(State) (License Number)

***The above information was verified by reviewing the following form of government issued photographic identification: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE