

Town of Auburn, Massachusetts

Julie A. Jacobson
Town Manager



Date received:

By:

FISCAL YEAR _____
APPLICATION FOR VETERANS TAX WORK-OFF PROGRAM
General Laws chapter 59 § 5N

Name of Applicant _____

Telephone Number _____ Marital Status _____

Legal Residence (Domicile) on July 1, _____ Mailing Address (if different) _____

St No. Street City/Town Zip _____

Location of Property: _____ No. of Dwelling Units ____

Did you own the property on July 1, _____
If yes were you Sole Owner Co-Owner with Spouse Co-Owner with other

Was the Property Subject to a trust as of July 1, _____. Yes No
If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) this year?

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (OFFICIAL USE ONLY)

Ownership Granted Interview Date _____

Occupancy Denied

Income Department Referred to: _____
 Signature _____

Status _____ Date _____

104 Central Street
Auburn, MA 01501
Telephone: (508) 832-7706
Fax: (508) 832-4192
Email: lorbin@town.auburn.ma.us
Web site: www.auburnguide.com

Date of Birth _____

Are you a Veteran IAW MGL c.4 sec7 cl.43rd? Yes No

If no, are you the spouse of a deceased or disabled Veteran Yes No

Date Enlisted/Inducted _____

Date Discharged _____

Type of Discharge _____

Number of persons in your family: _____ Please list their names and relationships to you in the space provided below:

Do you have any special skills? (Computer, Carpentry etc.)

Is there any particular department that you would like to volunteer for?

Will you be designating somebody to work for you if you are disabled?

If designating somebody please give their name and relationship to you.

Do you have any limitations or needs which may affect your ability to perform the duties of the position—i.e., physical, availability, other? If so, please explain.

Any department you work in will be expected to do a CORI.

As a participant in the Veterans Property Tax Abatement Work-Off Program, I understand that I may earn a maximum of \$1,000 credit to be applied to my Town of Auburn property tax bill. I further understand that this reduction in my property taxes may affect my eligibility for the state of Massachusetts Senior Circuit Breaker tax credit.

Signature _____ Date _____