



City of Westfield

Department of Veterans' Services

Westfield Veteran Tax Work Off Program Policy Guidelines

The Veteran Tax Work Off Program is open to a veteran, as defined by MGL Ch. 4 § 7 clause 43, who owns property in and pay real estate taxes to the City of Westfield. The program participant's name must appear on the property deed. Participants must complete 100 hours of service in the program year, which runs from runs from July 1 – June 30. A \$1,500 property tax credit (minus the required withholdings) will be applied to the participant's real estate tax bill in the following fiscal year, not current year's property tax bill.

Program Requirements

Participants can volunteer as many hours as they would like, but only the first 100 hours of service will be compensated. Hours worked may not be shared with another family member. Each individual should fulfill the total hours of service obligation. However, the City of Westfield, based on need, may place the participant in more than one job in order to fulfill the total hours. Individuals will be credited at the current minimum wage for any hours worked even if the 100 hours are not fulfilled.

Eligibility Criteria

- Be a veteran of the United States armed forces (a form DD214 is required).
- Own and occupy the property as his/her principal residence.
- Be current with property tax payments.
- Possess and identify employable skills.
- Complete the application and provide all necessary verifications.
- Complete a CORI check and supply references (necessary for some placements).
- Completion of all required paperwork by City of Westfield.
- Interview with Westfield Director of Veterans' Services
- All hours of work must be completed by the participant. No other person can work on the veteran's behalf to fulfill hours.
- Any person found guilty of having committed a criminal act involving the city or any of its officers or employees shall be ineligible to participate in the program.

Compensation

- \$15.00 per hour (MGL Ch. 59 §5N) (as of January 1, 2024)
- Participants will receive abatement for up to 100 hours of service. Any hours worked beyond the 100 hours cannot be accumulated for the Tax Work Off Program.
- Maximum amount of abatement is \$1,500 per person per fiscal year (minus deductions).
- Money earned through the Tax Work Off Program is reportable income for federal taxes only. Participants will receive a W-2 form for money earned through the program.



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- Job Placement for a Tax Credit Position:
 - Individuals will be chosen based on the best match between the applicant's qualifications and the skill requirements of each job.
 - Applicants will be interviewed by the department supervisor of the position for which they have been placed.
 - There will be a two (2) week probationary period to assess the appropriateness of the placement.
 - Program participants may not work for relatives who are City employees.
 - Eligible senior citizens who are veterans can elect to participate in either the veterans' or Senior citizens' tax work-off plans.
 - Primary consideration will be given to first time applicants. Individuals previously chosen for the program may make re-application in subsequent years. No applicant is guaranteed a position. A lottery system may be used if there are more applicants than available positions.
 - Time sheets will be filled out by the department supervisor on a weekly or monthly basis and submitted to the Veterans Services Director. A final accounting of time worked will be submitted to the Assessor.

Upon reading the above criteria, I testify that I have met all the requirements and program criteria and will submit all required documentation before beginning to volunteer.

Volunteer Name _____

Volunteer Signature _____

Date _____

Julie Barnes, Director
Office: (413) 572-6247
Fax: (413) 572-6242
julie.barnes@cityofwestfield.org



**City of Westfield
Veterans' Services**
45 Noble Street
Westfield, MA 01085

VETERAN PROPERTY TAX WORK OFF PROGRAM APPLICATION

Name of Applicant: _____ Phone #: _____

Mailing Address: _____ Email: _____

Name & Phone # of Emergency Contact: _____

Property Address for which you are seeking a credit: _____

PART A: Eligibility requirements. Please answer the following questions

	YES	NO
Are you a veteran as defined by MGL Ch. 4, § 7, cl. 43?	_____	_____
Are you a Westfield homeowner or the current spouse of a Westfield homeowner?	_____	_____
Is your Westfield home your primary residence?	_____	_____
Do you own and occupy the property for which you are seeking a credit?	_____	_____
Are you a Town of Westfield employee?	_____	_____

PART B: Qualifications

List your skills and talents. Please list at least three skills

_____	_____
_____	_____
_____	_____

OVER

Please list your current or former occupation(s): _____

Please check off areas of proficiency:

COMPUTER: Basic Intermediate Advanced Word Processing Excel Other _____
 Comfortable dealing with public Comfortable answering the phone
 Comfortable in busy environment Other _____

Do you have any physical or medical restrictions? (For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, etc.) Please explain.

Do you prefer to work outdoors if a position were available? _____ YES _____ NO

Do you drive (maybe required)? _____ YES _____ NO

Please note dates, days and time you are able to participate, or scheduling restrictions.

(You will be notified of Acceptance/Non-Acceptance by Veterans Service Office in January.)

By signing below, I attest that my Westfield residence is my primary residence, and if I qualify for the Veterans Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my City of Westfield Property Tax.

Signature: _____ Date: _____

We thank you for completing this portion of the Veteran Tax Credit Program Application! If you have any questions or concerns, please contact Julie Barnes, Veterans Services Director at 413-572-6247. Completed applications are returned to the City of Westfield Veterans Office.

FOR OFFICE USE ONLY

Disposition of Application

Granted

Denied

Placement:

Department _____

Position Title _____

Non-Placement:

Please indicate reason for denial:

Director's Signature _____