



Ruthanne Fuller  
Mayor

**CITY OF NEWTON  
PROPERTY TAX WORK-OFF PROGRAM  
FISCAL YEAR 2025**

**VETERAN APPLICATION**

This application is not open for public inspection

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

Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Property ID: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**IDENTIFICATION**

**Residence** as of July 1, 2024 Address: \_\_\_\_\_

The applicant must be a veteran as defined in M.G.L. Chapter 4, § 7, Clause 43, to volunteer to provide services to the City of Newton.\*

US Military Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Branch of Service \_\_\_\_\_

Dates of Eligible Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

\* A copy of your DD Form 214 "Certificate of Release or Discharge from Active Duty" should accompany this application

Maximum Work-Off Credit Allowed per Household is \$3,000.00

This application has been examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Disposition of Applicant (Veterans Agent use only)

Does Qualify     Does not qualify    Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR PROXY

I wish to apply for the Veteran Tax Work-Off Program but I am unable to perform any of the work. \*

I wish to request that the following volunteer be authorized to work on my behalf.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\* Include medical documentation showing your inability to perform the work.

## PROXY WORKER AGREEMENT

I, \_\_\_\_\_, agree to provide up to 200 hours of service to the City of Newton  
(Print Name of Proxy)

on behalf of \_\_\_\_\_ .  
(Print Name of Homeowner)

I understand that I will receive no compensation or other benefits for these hours of service, as the homeowner listed above will receive a property tax credit for the total number of service hours that I perform for the City of Newton. I further understand that these service hours must be reported as income to the Internal Revenue Service therefore, I will receive an IRS Form W2, Wage and Tax Statement, from the City of Newton for the hours worked.

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO:

NEWTON CITY HALL  
ASSESSMENT ADMINISTRATION  
1000 COMMONWEALTH AVE  
NEWTON CENTRE, MA 02459

Disposition of Proxy (Veterans Agent use only)

Proxy Approved     Proxy not Approved    Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_