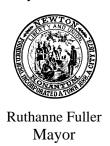
City of Newton



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:
<u>IDENTIFICATION</u>	
Residence as of July 1, 2024 Address: _	
The applicant must be a veteran as define provide services to the City of Newton.*	ned in M.G.L. Chapter 4, § 7, Clause 43, to volunteer to
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 H	lousehold is \$3,000.00
	der the pains and penalties of perjury, I declare that to the best of my documents and statements are true, correct and complete.
Signature	Date
Disposition of A	Applicant (Veterans Agent use only)
☐ Does Qualify ☐ Does not qualify	Reviewed by: Date:

REQUEST FOR PROXY

Luich to anniu for the Veteran Tou Went Off Drawner but Low unable to norfewer and of the world.		
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:		