



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 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 if there are more than 10 applicants

*-Fiscal Year 2020 Plymouth County MA Income Thresholds – Dept. of VA**

* Source: va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits/LegacyGMTThresholds/Index?FiscalYear=2020&PriorityGroupLevel=8

Veteran Only	+1 Dependent	+2 Dependents	+3 Dependents	+4 Dependents	+5 Dependents	+6 Dependents	+7 Dependents
\$68,695	\$78,540	\$88,330	\$98,120	\$105,985	\$113,850	\$121,715	\$129,525

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 10 veterans can be selected during any given fiscal 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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02043

P: 781-741-1440 F: 781-804-2442

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: **MA Minimum Wage for tax year in which hours were worked**

Date Employed _____



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INTERNAL USE ONLY

Veterans' Benefits Administrator Evaluation

Date: Click here to enter a date.

Veteran: Click here to enter text.

Email: Click here to enter text.

Completed Applicant's Form Checklist

- Hingham Veterans' Property Tax Work-Off Application Yes No
- Town of Hingham Employee Information Yes No
- CORI Request Form Yes No

Completed & Delivered to Accounting Department:

- Form W-4 Employee Withholding Allowance Certificate Yes No
- OBRA Acknowledgement Card Yes No

Eligibility:

- Honorable Discharge Yes No
- Annual Income within VA GMT limits (if applicable) Yes No

Priority:

- Eligible for MGL c. 115 benefits Yes No
- Age 65 or older Yes No

Veterans' Services Officer Evaluation

Date: Click here to enter a date.

Veteran Selected: Yes No

First Tax Work-Off Fiscal Year Click here to enter text.

VSO Signature: _____