



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 \$1,000 for up to 125 hours of work in a tax year, as directed by the Hingham Veterans' Services Officer.

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

Fiscal Year 2016 Plymouth County MA Income Thresholds

Veteran Only	+1 Dependent	+2 Dependents	+3 Dependents	+4 Dependents	+5 Dependents	+6 Dependents	+7 Dependents
\$53,680	\$61,380	\$69,025	\$76,670	\$82,830	\$88,990	\$95,095	\$101,255

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



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

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 ten veterans can be selected during any given tax 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 \$1000.00 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: _____



Town of Hingham

Department of Veterans' Services
210 Central Street, Hingham, Massachusetts
02043
P: 781-741-1440 F: 781-804-2442

Town of Hingham Employee Information

Date _____

Name _____
(Please Print) Last First Middle Initial

Address _____
Street Town Zip Code

Telephone (____) ____ - ____ Social Security # _____

Date Employed _____ Department Veterans' Services

Birth Date _____ Single _____ Married _____

Name of Position Valor Act Volunteer Salary Classification _____

Rate of Pay – Weekly _____



GHIBOS
G

CORI REQUEST FORM

The Hingham Human Resource Office has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/ Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

MOTHER'S MAIDEN NAME

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER - ____ - ____ - ____
(Last six (6) digits are required)

CURRENT AND FORMER ADDRESSES: _____

SEX: ____ HEIGHT: ____ft ____in WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

(State) (License Number)

***The above information was verified by reviewing the following form of government issued photographic identification: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



Town of Hingham

Department of Veterans' Services
210 Central Street, Hingham, Massachusetts
02043

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

Veterans' Services Department Applicant Summary

Date: [Click here to enter a date.](#)

Veteran: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Eligibility:

Honorable Discharge Yes No
Annual Income within VA GMT limits Yes No

Priority:

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

Forms Completed by Selected Applicants:

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

Delivered to Accounting Department:

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

Veterans' Services Officer Evaluation

Date: [Click here to enter a date.](#)

Veteran Selected Yes No

First Tax Work-Off tax year [Click here to enter text.](#)

VSO Signature: _____ **Date:** _____