

OFFICE OF THE TOWN MANAGER

TOWN OF TEWKSBURY

TOWN HALL 1009 MAIN ST TEWKSBURY, MASSACHUSETTS 01876

RICHARD A. MONTUORI TOWN MANAGER (978) 640-4300 FAX (978) 640-4302

July 2014

RE: Veteran's Property Tax Work Off Program

Dear Applicant,

Thank you for expressing an interest in the Town of Tewksbury's Veteran's Property Tax Work Off Program. Enclosed in this packet you will find the program outline, the application, and a CORI request form.

A brief outline of the various tasks needed is as follows:

- Data Entry
- Filing/Shredding
- Answering Phones
- Shelving Books/Materials
- Cleaning
- Document Management
- Organization of files/office area
- Classroom aides and Library aides

Please complete the application and CORI request form and return them along with your most recent federal income tax forms to the Selectman's office located in the Town Hall. Applications must be received by August 1, 2013 in order to qualify for the program. Once all applications are received, the Town will determine if your skillset matches the needs of the departments.

NOTE: The maximum compensation is \$1,000.00 but may be less based on department need and the amount of hours required to complete assigned tasks. The program will run from August 25, 2014 through June 1, 2015.

Sincerely,

Richard A. Montuori Town Manager

Veterans Property Tax Work Off Program Town of Tewksbury

Program Goals

- · Assist Veterans with property tax bills.
- Increase involvement of Veterans in municipal government and the school system.
- Acknowledge and affirm the skill and abilities of Tewksbury's Veterans and the community's continuing need for their services.
- Maximum rebate of \$1,000.00 per fiscal year per household.
- Maximum number of compensated hours to be worked is 125 (valued at \$8/hour) per year.

Eligibility Requirements

- Participants in this program must be a United States Veteran and provide proof to the Town's Veteran's Agent at the time services are provided to the Town.
- Own and occupy the property for which Tewksbury taxes are paid and rebate requested:
 Homeowner or current spouse is the Home Owner domiciled and residing in Tewksbury; and be
 an owner of the property to which a reduction in real estate taxes may be granted. In the case of
 joint or multiple owners, only one person may be allowed to provide service, per fiscal year.
- · Resident of Tewksbury.
- An application completed in the form accompanying these Rules and Regulations as Attachment
 A, shall be filed by a taxpayer seeking to participate in the program. Said application must be filed
 each year the applicant wishes to participate in the Veterans Property Tax Work Off Program.
- A copy of the applicant's most recent federal income tax form shall be provided by an applicant.
 Priority consideration may be given to the applicant whose annual household income does not
 exceed \$60,000.
- If an applicant is chosen and reapplies priority will be given to those applicants who had not yet
 participated. Since funds are limited the intent is to give as many Veterans as possible the
 opportunity to participate in the program.
- The administration of this program shall be under the direction of the Town Manager who may
 delegate selection and assignment of volunteers to another Department. These guidelines may
 be updated based upon changes in State Statute, Federal Regulations and what is in the best
 interest of the Town.

Job Opportunities

Municipal and School departments, based upon individual department needs

Selection Process

- · Applicant must meet eligibility requirements
- Applicant must have appropriate skills for position
- Applicant and Department Head must both agree there's an appropriate match
- Applicants are not guaranteed a position

Calculation of Tax Reduction

The hourly rate to be credited for service rendered to the Town shall be \$8.00 per hour; the total per household for all participants shall not exceed \$1,000.00 per fiscal year (125 hours).

Other Provisions

- A. <u>Treatment of Compensation</u>: The amount of compensation the taxpayer receives under this program is considered income for purposes of state and federal income tax withholding, pension (OBRA) withholding, unemployment compensation and worker's compensation. Participants in this program agree to sign over payments, which will be applied to the participant's property tax bill.
- B. Status of Veteran Service Participants: Taxpayers performing services under this program are considered employees for purposes of municipal tort liability. Municipalities will therefore be liable for damages for injuries to third parties and for indemnification of the participant to the same extent as they are in the case of injuries caused by regular municipal employees.
- C. <u>Safety of Participants</u>: For the mutual protection of the participant and the interests of the Town, no taxpayer shall be assigned to work for which he or she is not physically qualified. In case of doubt a doctor's certificate shall be obtained stating that the applicant is able to perform the duties to be assigned.
- D. <u>Payroll Processing</u>: All applicants participating in this program should be directed to the Administrative Services Office to complete the necessary payroll and personnel forms. These forms are only completed the first time the individual participates in this program.
- E. <u>CORI Forms</u>: Background checks are mandatory for all applicants and CORI forms must completed and signed by applicants.

ATTACHMENT A

Town of Tewksbury Massachusetts Application for Veterans Property Tax Work Off Program

Name of Applicant:

allowed.

Telephone Number:					
Address: Branch of Military Service:					
PART A:	l - f-llaudaa ayaatiana				
Eligibility Requirements: Please answer all t	1				
US Military Veteran	∐ Yes	∐ No			
Honorable Discharge	☐ Yes	☐ No			
Homeowner or current spouse	☐ Yes	∐ No			
Tewksbury resident	☐ Yes	☐ No			
Reside in property listed above	Yes	│			
PART B: Please attach a copy of your most recent fer confidential by the Town. For personal secunumber. PART C: Have you participated in the Senior Tax Program with the Town of Tewksbury in the past? Is yes, what year(s) did you work? What location(s) did you work at? What were your duties?	deral income tax return. rity purposes, you may Yes	All information shall be kept black-out your social security No			
Would you be interested in working at that location again? If no, please explain why:					
PART D: Availability: Please fill in the hours you are available to work for the Senior Tax Program.					
Day of the Week	Start Time	End Time			
Monday					
Tuesday					
Wednesday					
Thursday					

Please note: those with more flexible schedules are likely to reach the maximum benefit

PARTE:						
	nt would be available in a varie uld like to work:	ety of town/school departments, please indicate in which				
	☐ Town Hall/Annex☐ Senior Center☐ Schools☐ Library☐ Other:	☐ Dept. of Public Works ☐ Fire ☐ Police ☐ No Preference				
	Type of Work Interested In:					
PART F: Please discus program:	ss past experience and types o	of skills which might qualify you as a participant in the				
Part G: Do you have	any medical restrictions we sh	ould know about? Please explain:				
	\$1,000.00, which I agree to sig	ax Work Off Program, I understand that I may earn a given over to the Town to be applied to my real estate				
Signature		Date				

Signature



ADMINISTRATIVE SERVICES

TOWN OF TEWKSBURY

TOWN HALL 1009 MAIN ST TEWKSBURY, MASSACHUSETTS 01876

GTWKHP

CORI REQUEST FORM

Tewksbury Board of Selectmen 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.							
		ICANT/EMPLOYEE SIGNA iless otherwise preempted by		_			
AP	PLICANT/EN	MPLOYEE INFORMATION	(PLEASE PRINT)				
LAST NAME		FIRST NAME		MIDDLE NAME			
MAIDEN NAME OR ALIAS (II	F APPLICAB	LE)	PL	ACE OF BIRTH			
DATE OF BIRTH	,	SOCIAL SECURITY NUM (Requested, not required)		ID Theft Index PIN (if applicable)			
MOTHER'S MAIDEN NAME							
CURRENT AND FORMER AD	DRESSES:						
		WIDIOUT	EVE COLOR.				
SEX: HEIGHT: STATE DRIVER'S LICENSE N	_ftin.	weight:	EYE COLOR;_	(Include state of issue)			
*** THE ABOVE INFORMAT. ISSUED PHOTOGRAPHIC IDI	ON WAS VE	RIFIED BY REVIEWING T	THE FOLLOWING FO	ORM OF GOVERNMENT			
REQUESTED BY:SIG	NATURE OF	CORI AUTHORIZED EMF	LOYEE	-			
The CHSB Identity Theft Index	PIN Number		pplicants that have bee	en issued an Identity Theft			

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax to 617-660-4614.