



**Town of Topsfield**  
**Veteran Tax Work-Off Program Application**

**Contact Information**

<b>Name</b>	
<b>Address</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Relationship</b>	
<b>Emergency Contact Phone</b>	

**Eligibility**

Honorably discharged or retired veteran?	Yes	No	
Homeowner in Topsfield?	Yes	No	
Is this your primary residence?	Yes	No	
Is your property in a trust?	Yes	No	If yes, are you a beneficiary? Documentation must be provided.
Do you have a mortgage?	Yes	No	
Do you have a reverse mortgage?	Yes	No	
Do you have a home equity loan?	Yes	No	

## Work Experience

Alternatively, a resume may be submitted.

Name of Employer	Employment Dates	Job Title/Description

## Volunteer Experience

Alternatively, a resume may be submitted.

Name of Organization	Dates of Service	Description of Duties

Please describe any special skills, interests, or hobbies that could influence placement:

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Are there any factors that might influence placement (e.g. seasonal schedule, physical requirements, etc.)?

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**G.L.c.59, §5N allows for a designee to fulfill the obligation on behalf of a veteran “in the case where the veteran is deceased or has a service-connected disability”.**

**Will you be completing the work yourself? \_\_\_\_\_**

**If not, who will serve on your behalf? \_\_\_\_\_**

## **Application Checklist**

\_\_\_\_\_ **Complete entire application.**

\_\_\_\_\_ **Attach a copy of you DD-214.**

\_\_\_\_\_ **Attach a copy of your most recent real estate tax bill.**

\_\_\_\_\_ **Attach pages 1 and 2 of your most recent federal Form 1040.**

\_\_\_\_\_ **Attach a completed CORI Form along with a copy of the driver’s license of the person who will be fulfilling the obligation.**

A Criminal Offender Record Information Check is required by the Executive Office of Elder Affairs.

All information contained in the applications is kept confidential and completed applications along with supporting documents are kept in a locked file cabinet.

To the best of my knowledge, all of the information provided on this application and its’ supporting documents is true and complete. I understand that the Town of Topsfield may verify any or all information contained herein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR OFFICE USE ONLY**

**Granted**\_\_\_\_\_ **Placement**\_\_\_\_\_

**Denied**\_\_\_\_\_ **Reason**\_\_\_\_\_

**COA Director Signature & Date**

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Updated December 2018