

City of Holyoke

Application for Veteran Tax Work Off

Eligibility Information

Name of Applicant _____ Date _____

Address _____

Telephone # (Home) _____ (Cell) _____

Have you previously participated in this program?

_____ YES (Please list years of participation)

_____ NO

Please Certify

Yes I am a resident of Holyoke

Yes I am an honorably discharged veteran (**provide copy of DD 214**)

Yes My property taxes are up to date

Yes I am able to work **111.1 hours** between **July 1** and **November 30**

Placement Information

What skills, talents, and interests do you have?

Is there a particular department you wish to be assigned to and if so, where?

Do you have medical restrictions that may prevent you from working? Do you require any special accommodations in order to work? If so, please explain.

Please return completed application no later than **April 30** to:

Veteran Services
310 Appleton Street
Holyoke, MA 01040

***** Please include a copy of DD 214 *****

Overview

The Veteran Tax Work Off Program is open to a veteran, as defined by MGL Ch. 4 § 7 clause 43, who owns property in and pays real estate taxes to the City of Holyoke. The program participant's name must appear on the property deed. The program year runs from July 1 to November 30. A \$1,500 property tax credit minus the required withholdings will be applied to the participant's real estate tax bill in the following fiscal year, not current year's property tax bill. Applications for additional years will be available in November of each year.

Program Requirements

Participants should work the required 111.1 hours* of service. Hours worked may not be shared with another family member. Each individual must fulfill the total hours of service obligation. However, the City of Holyoke, based on need, may place the participant in more than one (1) job in order to fulfill the total hours. Individuals will be credited for any hours worked even if the 111.1 hours are not fulfilled.

****To receive the maximum \$1,500 tax credit participants must work 111.1 hours. Working less than 111.1 hours results in a pro-rated tax credit based on the number of hours worked.***

Compensation

- \$13.50 per hour (as of Jan. 1, 2021)
- Participants will receive abatement for up to 111.1 hours of service. Any hours worked beyond the 111.1 hours cannot be accumulated for the Tax Work Off Program.
- Maximum amount of abatement is \$1,500 per person per fiscal year.
- Money earned through the Tax Work Off Program is reportable income for federal taxes only.

Job Placement for a Tax Credit Position

- Individuals will be chosen based on the best match between the applicant's qualifications and the skill requirements of each job
- Applicants will be interviewed by the department supervisor of the position for which they have been placed
- There will be a two (2) week probationary period to assess the appropriateness of the placement
- Program participants may not work for relatives who are City employees
- Eligible senior citizens who are veterans can elect to participate in either the veterans' or Senior citizens' tax work-off plans.
- Primary consideration will be given to first time applicants. Individuals previously chosen for the program may make re-application in subsequent years.
- No applicant is guaranteed a position. A lottery system may be used if there are more applicants than available positions
- Time sheets will be filled out by the department supervisor on a weekly or monthly basis and submitted to the Veterans Services Director. A final accounting of time worked will be submitted to the Assessor.

Visión general

El programa Veteran Tax Work Off está abierto a un veterano, como lo define MGL Cap. 4 § 7 cláusula 43, que posee propiedades y paga impuestos de bienes raíces a la Ciudad de Holyoke. El nombre del participante del programa debe aparecer en la escritura de la propiedad. El año del programa se extiende del 1 de julio al 30 de noviembre. Se aplicará un crédito fiscal de \$ 1,500 a la propiedad menos las retenciones requeridas a la factura de impuestos a la propiedad del participante en el año fiscal siguiente, no a la factura de impuestos a la propiedad del año actual. Las solicitudes para años adicionales estarán disponibles en noviembre de cada año.

Requisitos del programa

Los participantes deben trabajar las 111.1 horas requeridas * de servicio. Las horas trabajadas no se pueden compartir con otro miembro de la familia. Cada individuo debe cumplir con las horas totales de obligación de servicio. Sin embargo, la Ciudad de Holyoke, según la necesidad, puede colocar al participante en más de un (1) trabajo para cumplir las horas totales. Las personas serán acreditadas por las horas trabajadas, incluso si no se cumplen las 111.1 horas.

**** Para recibir el máximo de \$ 1,500, los participantes en el crédito fiscal deben trabajar 111.1 horas. Trabajar menos de 111.1 horas resulta en un crédito fiscal prorrateado basado en la cantidad de horas trabajadas.***

Compensación

- \$ 13.50 por hora (a partir del 1 de enero de 2020)
- Los participantes recibirán una reducción de hasta 111.1 horas de servicio. Cualquier hora trabajada más allá de las 111.1 horas no se puede acumular para el Programa de deducción de impuestos.
- La cantidad máxima de reducción es de \$ 1,500 por persona por año fiscal.
- El dinero que se gana a través del Programa Tax Work Off es un ingreso que se debe reportar solo para impuestos federales. Los participantes recibirán un formulario W-2 por la cantidad de dinero ganado a través del programa.

Colocación de trabajo para una posición de crédito fiscal

- Los individuos se elegirán según la mejor coincidencia entre las calificaciones del solicitante y los requisitos de habilidad de cada trabajo
 - Los solicitantes serán entrevistados por el supervisor del departamento de la posición para la cual han sido colocados
 - Habrá un período de prueba de dos (2) semanas para evaluar la conveniencia de la colocación
 - Los participantes del programa no pueden trabajar para familiares que son empleados de la Ciudad
 - Las personas mayores elegibles que son veteranos pueden elegir participar en los planes de liquidación de impuestos de los veteranos o de las personas mayores.
 - Se dará consideración primaria a los solicitantes por primera vez. Las personas previamente elegidas para el programa pueden hacer una nueva solicitud en los años siguientes.
- Ningún solicitante tiene garantizada una posición. Se puede usar un sistema de lotería si hay más solicitantes que puestos disponibles
- El supervisor del departamento llenará las hojas de tiempo semanalmente o mensualmente y las entregará al Director de Servicios para Veteranos. Un informe final del tiempo trabajado se enviará al Asesor.



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The City of Holyoke is registered under the provisions of G. L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the City of Holyoke to submit a CORI check for my information to the DCJIS. This authorization is valid for one (1) year from the date of my signature. I may withdraw this authorization at any time by providing the City of Holyoke with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The City of Holyoke may conduct subsequent CORI checks within one (1) year of the date this Form was signed by me provided, however, that the City of Holyoke must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



SUBJECT INFORMATION: (An asterisk (*) denotes a required field.)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

* Last Six Digits of Your Social Security Number: XXX-____ - _____

Sex: ____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name and Title of Verifying Employee (Please Print)

Signature of Verifying Employee