

Town of Wayland

41 COCHITUATE ROAD WAYLAND MASSACHUSETTS 01778

Assessing Department (508)358-3658

Selectmen's Office (508)358-7755

WAYLAND VETERAN SERVICES FY 2018 PROPERTY TAX CREDIT PROGRAM

The Town of Wayland has adopted Massachusetts General Law Chapter 59 Section 5N (Valor Act) which establishes a program under which eligible veterans may acquire up to one thousand dollars (\$1,000) annually in a credit; to apply to their property tax bill by working in a municipal department augmenting the existing work force. To be eligible for the program, an individual must be a veteran and must reside in the property for which the tax credit is sought. Each owner of the property who meets the eligibility criteria can apply for and participate in the program.

Consistent with General Laws, participants will be credited service time at the State's current minimum wage rate. That amount is \$11.00 per hour. Compensation, per IRS, is subject to Federal and Medicare withholding. The net amount of the credit earned will be applied as an abatement to the participant's annual property tax bill.

The Veterans Agent will certify initial eligibility. The Veterans Agent, the Assessing Department and the Selectmen's Office will jointly assign work assignments and oversee a smooth process. Participants must agree to a CORI check (criminal background) prior to placement. All applicable statutes, regulations and program criteria will be implemented; i.e. conflict of interest guidelines, privacy regulations, completed applications and verification documentation, etc.

Applications for participation in the FY 2018 program will be accepted beginning July 14th, 2017. Applications may be submitted to the Assessing Office. A certificate of completion of work form must be submitted NO LATER than March 31, 2018 in order for the participant to receive credit for service hours in the fiscal year's tax bill.

VETERAN PROPERTY TAX PROGRAM GUIDELINES

- Applicants must be a Veteran and reside in a Wayland owner occupied home.
- Should applications excess available slots, a lottery will be held to determine the order in which applications are accepted. Application does not guarantee a slot.
- Department needs will be matched with applicants skills and ability. Final decisions on placement are made by the Department Heads.
- Applicant must be a Veteran at time of application. The Wayland Veterans Agent will verify eligibility
- Applicants are subject to a satisfactory CORI (criminal background check) prior to an assignment.
- Minimum work assignments will be 2 hours/day unless otherwise approved by the Department Head.
- A progress report of hours worked is required by December 31st. The total work assignment must be completed by March 31st unless otherwise approved.
- The rate per hour of service shall not exceed the Commonwealth of Massachusetts minimum wage of \$11.00 per hour. This rate will be used to compute the tax reduction and shall not exceed \$1,000.00 per year.
- There is no income limitation for the program eligibility.
- The maximum number of participants in the Veteran tax work-off program will be 30 in each fiscal year (July 1 June 30).
- The tax reduction will be applied as an abatement (net of Federal Withholding and Medicare)

WAYLAND VETERAN SERVICE PROPERTY TAX CREDIT PROGRAM APPLICATION

ADDRESS: TELEPHONE NUMBER: SOC. SEC. #:	MAP & I	LOT:
Are you a Veteran? Copy of DD Form 214. Do you receive any other exem	yes no	
If yes, which exemption:		_
Is a copy of the most recent tax Work experience:	lress? yes no ddress listed for the Property Tax Create bill attached? yes no	
Special Skills, qualifications, e	tc.:	
Type of work you would like to	o perform:	
Work-site preference:		
	ove is accurate and true to the best of rements, restrictions and procedures, at.	· ·
Taxpayer:	Date:	
	OFFICIAL USE ONLY	
Preliminary Eligibility: Ye	es No VSO:	Date:

Town of Wayland

41 Cochituate Road, Wayland, Massachusetts 01778-2697 (508) 358 - 3622 Fax (508) 358 - 3627

SUBJECT INFORMATION: 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 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 The above information was verified by reviewing the following form(s) of government issued identification: **VERIFIED BY:** Name of Verifying Employee (Please Print)

Signature of Verifying Employee



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI checks for Employment, Contracted Employment or Volunteer

Wayland is registered under the provisions of M.G.L. c. 6, & 172 to receive CORI for purposes of screening current and otherwise qualified prospective employees, contracted employees, and volunteers.

As a prospective or current employee, contracted employee, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Wayland to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Wayland with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, CONTRACTED EMPLOYMENT, OR VOLUNTEER PURPOSES ONLY: The Town of Wayland may conduct subsequent CORI checks within one year of the date on this Form was signed by me provided, however, that the Town of Wayland 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