



TOWN OF WAYLAND

41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

TOWN BUILDING
41 COCHITUATE ROAD
Assessors' Office (508) 358-3788
Selectmen's Office (508) 358-6721
www.wayland.ma.us

VETERANS' SERVICE AGENT
Tel. (781) 850-5504

WAYLAND VETERAN SERVICES FY 2024 PROPERTY TAX CREDIT PROGRAM The Valor Act

The Town of Wayland has adopted Massachusetts General Law Chapter 59 Section 5N, which allows Veterans to earn up to fifteen hundred dollars (\$1,500.00) annually in 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 at the property for which the tax credit is sought. If the veteran is deceased or has a service-connected disability, a spouse can participate in this program. Each owner of the property who meets the eligibility criteria can apply for and participate in the program.

Consistent with the General Laws, participants will be credited service time at the State's current minimum wage rate at the start of the program, July 1, 2023. The amount of the credit earned will be applied as a credit to the participant's annual property tax bill.

The Veterans' Agent will certify initial eligibility. The Veterans' Agent, the Assessors' Office and the Selectmen's Office will jointly oversee the process and determine work assignments. Participants assigned to specific positions must agree to a CORI check (criminal background) prior to placement.

Applications for participation in the FY24 program will be accepted beginning on Monday, July 3, 2023. Applications may be submitted to the Assessors' Office. A Certificate of Completion of work must be submitted **NO LATER** than March 31, 2024 in order for the participant to receive credit for service hours in the fiscal year's tax bill. Any forms submitted after March 31, 2024 will be used to issue credit on the following fiscal year's tax bill. Under no circumstances will any participant receive more than the \$1,500 credit in any fiscal year under this program.

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GUIDELINES

- Applicants must be a Veteran or eligible spouse of a Veteran and reside in a Wayland owner-occupied home.
- Applications will be accepted in the Assessors' office beginning July 3, 2023. Should applications exceed 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 to applicants skills and ability. Final decisions on placement are made by Department Heads.
- Applicants 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 \$15.00 per hour in 2023. This rate will be used to compute the tax reduction and shall not exceed \$1,500.00 per year.
- There is no income limitation for 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 a credit.

WAYLAND VETERAN PROPERTY TAX CREDIT PROGRAM
THE VALOR ACT APPLICATION FY 2024

NAME OF APPLICANT: _____

ADDRESS: _____ MAP & LOT: _____

TELEPHONE NUMBER: _____ SOC. SEC. #: _____ - _____ - _____

Are you a Veteran? yes no

Do you have a copy of DD Form 214? yes no

Do you receive any other exemptions? yes no

If yes, which exemption: _____

Do you reside at the above address? yes no

(Taxpayer must reside at the address listed for the Property Tax Credit).

Is a copy of the most recent tax bill attached? yes no

Work experience/skills:

Type of work you would like to perform: _____

Work-site preference: _____

Work restriction(s): _____

I attest that the information above is accurate and true to the best of my knowledge and that I have read the program information, requirements, restrictions and procedures, and know that I may refer questions to the Veterans Agent.

Taxpayer: _____ Date: _____

Reviewed and approved by:

Veterans' Agent Date: _____