



City of Woburn, Massachusetts

Veterans' Tax Work-Off Program Application

NAME: _____

STREET ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

PLEASE CHECK ONE:

Woburn Resident: Yes ___ No ___ Homeowner: Yes ___ No ___

Pay Property Taxes: Yes ___ No: ___ Parcel ID Number: _____

US Military Veteran? Yes ___ No ___ Honorable Discharge: Yes ___ No ___

What branch did you serve in? _____

Assignments will be available in city departments and in schools

Do you have a preference? ___ If yes, which dept.? _____

Please list your skills (you may include a resume): _____

Are there any medical restrictions that would keep you from working? Yes ___ No ___

If yes, please explain: _____

If I become involved in the Veteran Tax Work-Off Program, I understand that the monies that I earn will only be applied to my City of Woburn Property Taxes.

SIGNED: _____ DATE: _____

***** This application must be accompanied by a copy of your current property tax bill and your military discharge record (Form DD214.) *****



City of Woburn

Veterans' Tax Work-Off Program

Veteran's Status Certification

Please obtain the signature of the City of Woburn Veteran's Agent below certifying that you are a veteran, as defined in M.G.L. clause forty-third of section 7 of chapter 4.

Please return this signed form, along with a completed program application and your most recent property tax bill to the **Veterans' Services Dept., 144 School St., Woburn MA 01801.**

NAME: _____ TELEPHONE #: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TOWN, STATE, ZIPCODE: _____

I wish to apply for the property tax credit through the Veterans' Property Tax Work-Off Program.

Signature of veteran homeowner: _____ Date: _____

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City of Woburn

Veterans' Property Tax Work-Off Program

Veteran's Status Certification

I have reviewed _____ veteran's documents and certify that this
(Please print name of veteran homeowner)

individual is a veteran, as defined in M.G.L. clause forty-third of section 7 of chapter 4.

Signature of Veteran's Agent: _____

Print Veteran's Agent Name: _____ Date: _____

Address: _____ Telephone #: _____