**Veterans’ Property Tax Work-Off Application**

**Application Year 2024**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parcel ID: \_\_\_\_\_\_\_--\_\_\_\_\_\_\_--\_\_\_\_\_\_\_--\_\_\_\_\_\_\_\_(Required-see your tax bill or call Assessor’s Office)

Is this property held in a trust? Yes/No If so, do you have a substantial beneficial interest? \_\_\_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name of emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACEMENT INFO:**

Experience (List types of jobs you have held):

Skills:

Please note any preferences for job placement:

Any health restrictions:

*Franklin Veterans’ Services is mandated by state law to do a CORI (Criminal Background Check) on any person who works with elders or children. If you are working with seniors or children a CORI check will be run. All information is kept strictly confidential.*

*As a participant in the Veterans’ Property Tax Work-Off program, I understand that I would be hired as a temporary Town employee without benefits. Placement in this program is based on availability. I may earn a maximum of $1500 credit to be applied to my 2025 actual tax bills. Per federal law the Town of Franklin is required to deduct Medicare tax of 1.45% and FICA tax of 6.2%.*

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