

THE SECTION 8 VALOR ACT

With acceptance by the Town of Carver, a Veteran may apply for tax relief by way of an abatement to Real Estate Taxes by performing some service to the Town. The Town can limit the amounts of the abatements, based upon recommendations from the Board of Assessors. For volunteer work performed in FY16 and abated in FY17 that limit will be \$600 per veteran/property application. The maximum limit will be \$6,000 for the entire program. This should maximize the number of veterans who will be able to take advantage of this opportunity. These limits will be subject to annual review by the Board of Assessors with input from the Director of Veterans Services, the Town Accountant and the Town Administrator.

The Section 8 Valor Act process will involve the Director of Veterans Services, the Director of Assessing and the participating Department Head.

RESPONSIBILITIES OF THE VETERAN

With the adoption of the Valor Act, a Carver Veteran may apply to perform specific duties in lieu of a portion of Real Estate Taxes. In the event that the veteran is rated as disabled by the Veterans Administration or other public entity, another immediate family member may volunteer to perform the work. Application will be made, first, to the Veterans Services Director to determine eligibility and, second, to the Board of Assessors to qualify for this opportunity.

Application to the Veterans Services Director will include a copy of discharge, DD-214, indicating condition of service other than dishonorable. Character of Service must be defined.

Upon approval by the Veterans Services Director, the Board of Assessors will review property tax abatement application status for the Veteran. Although other abatements do not impact this provision, a Veteran must re-apply for this abatement every year.

A Veteran with documented disabled status may designate a person to apply for them to seek this abatement. Approval of the designated person will be made by the Director of Veterans Services and the Board of Assessors.

Application will include desired area of work/assistance that the Veteran wishes to apply for. Approval of same will come from the Veterans Services Officer, Director of Assessing and the Department Head under which such work applies.

A Veteran, as defined by the Commonwealth of Massachusetts, must have served a minimum of 90 days on Active Duty, not Active Duty for Training.

A Veteran who is an employee of the Town of Carver is ***ineligible*** to participate in this program.

VETERANS SERVICES RESPONSIBILITIES

Veteran's Service Officer (VSO) will be the first point of contact. Application(s) and discharge will first be submitted to the VSO (Veteran's Agent), The VSO will forward the application and discharge documents to the Board of Assessors.

Upon approval of the Board of Assessors, the VSO will work with the Department Heads to facilitate the type of work the veteran is willing to perform. The veteran must sign a liability release form, indemnifying the Town of any and all liability.

The Department Head is responsible for notifying the VSO of hours worked.

DIRECTOR OF ASSESSING RESPONSIBILITY

Upon receipt of the application and discharge papers the Board of Assessors will make a determination that the veteran's address is eligible for abatement. The assessors will determine the actual amount of the abatement. All work performed will be credited on the following fiscal year's tax bills in January and April.

DEPARTMENT HEAD RESPONSIBILITY

Participation by any Department Head is voluntary. The work performed by a veteran is the responsibility of the Department Head. Daily supervision by the Department Head or staff member is required. Documenting work performed must be maintained by the Department Head and sent to the VSO weekly.



TOWN OF CARVER VETERAN TAX CREDIT WORK PROGRAM

APPLICATION – FY2016

Name of Applicant		
Street Address		Apartment /Unit #
Town	State	Zip Code
Home Telephone # ()		Social Security # --- ---
Mailing Address (if different from street address)		
Town	State	Zip Code

Eligibility Requirements: *All questions must be answered 'yes' to qualify*

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you a Veteran with 90 days of Active Duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a homeowner in Carver? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your name appear on the title of the property you listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you reside at the property for which your rebate is requested? | <input type="checkbox"/> | <input type="checkbox"/> |

A copy of your DD-214 is required with this application.
A CORI background check is required of all participants.

Restrictions/Qualifications:

- Veterans who have not yet participated in the tax credit program, or who did not participate in the Fiscal Year 2015 will receive preference over previous participants.
- Only one member per household whose name is listed on the title is eligible for participation each year. For example, only one spouse is eligible to participate in the Fiscal Year 2016 program.

(OVER)

Placement Preferences: *Please check off all areas of interest*

- | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|
| Town Hall (Clerical) | <input type="checkbox"/> | School Department* (Clerical) | <input type="checkbox"/> |
| Library* (varies) | <input type="checkbox"/> | School Department* (Reading Program) | <input type="checkbox"/> |
| Police Department (Clerical) | <input type="checkbox"/> | Fire Department (Clerical/Custodial) | <input type="checkbox"/> |
| Council on Aging* (varies) | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Experience: Please describe your skills and past experience that would assist us in placing you in the appropriate position. Include any physical limitation which would cause you to be unable to perform certain tasks (i.e. – answering phones, filing, etc.). You may qualify to have someone perform the work for you.

If I qualify for this program, I understand that earnings will not exceed \$600, which will be issued in the form of an abatement on my property tax bill. I also understand that as a result of a change in state law, credits earned are not subject to state taxes but are still taxable on my federal income tax return.

Signature: _____ Date: _____

**PLEASE RETURN THIS APPLICATION BY
OCTOBER 15, 2015**

Veteran's Services Office or Assessors Office
Town Hall, 108 Main Street
Carver, MA 02330

FOR OFFICIAL USE ONLY

Application received on: _____

Application received by: _____

Application Number Assigned

ASSIGNED DEPARTMENT: _____

POSITION/DEPT. ASSIGNED: _____



TOWN OF CARVER VETERAN TAX CREDIT WORK PROGRAM RELEASE

In consideration of the Town of Carver (the "Town") offering a program under which Veterans may perform services for the Town in consideration of credits to their property tax bill, under the provisions of G.L. c. 59 §5N (the "Program"), in which I may participate, I _____

_____ (name of applicant), of _____
(address), Carver, MA:

a. hereby agree to release the Town and its agents and employees in advance from any and all claims, suits or causes of action which I may have for personal injury or property damage which I may directly or indirectly suffer as a result of participating in the above-referenced Program.

b. hereby expressly agree to indemnify and hold harmless the Town, and its agents and employees from any and all loss, damage or expense, including court costs and attorney's fees, which they or any of them suffer as a result of the filing of a civil action against the Town or their employees, by me or anyone on behalf of me or my estate in any way arising from the above-referenced Program.

c. I agree that, prior to participating in the Program, I will take and satisfactorily complete any tutorial, training or orientation that the Town may require.

d. I hereby represent that I am in satisfactory physical condition and am fit enough to participate in the Program. If required to do so by the Town, I shall complete, in a manner deemed satisfactory to the Town, any necessary medical questionnaire prior to participating in the Program.

e. I agree to complete a CORI form.

f. I understand and acknowledge that this is a legally binding agreement that addresses important legal rights and that I enter into such agreement of my own free will, with a clear mind and adequate capacity to understand and appreciate its terms and conditions.

Witness my hand and seal(s) this _____ day of _____, 2015.

Witness

Releaser