



CITY OF CHELSEA, MA  
Human Resources Department

City Hall, 500 Broadway, Room 301 · Chelsea, MA 02150  
Phone: 617.466.4170 · Fax: 617.466.4175

**VETERAN PROPERTY TAX WORK OFF**  
**February 1, 2024 – October 31, 2024**  
**PARTICIPANT APPLICATION**

Name of Applicant \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Phone # of Emergency Contact: \_\_\_\_\_

Property Address for which you are seeking a credit: \_\_\_\_\_

**PART A: Eligibility requirements. Please answer the following questions**

**YES**

**NO**

Are you a Veteran or spouse of a qualified Veteran?

\_\_\_\_\_

\_\_\_\_\_

Are you a Chelsea homeowner or the current spouse of a Chelsea homeowner?

\_\_\_\_\_

\_\_\_\_\_

Are you a City of Chelsea employee?

\_\_\_\_\_

\_\_\_\_\_

Is your Chelsea home your primary residence?

\_\_\_\_\_

\_\_\_\_\_

Do you own any other properties in MA or any other state?

\_\_\_\_\_

\_\_\_\_\_

Do you own and occupy the property for which you are seeking a credit?

\_\_\_\_\_

\_\_\_\_\_

**PART B: Qualifications**

List your skills and talents. Please list at least three skills:

\_\_\_\_\_  
\_\_\_\_\_

Please list your former occupation (s): \_\_\_\_\_

Please check off areas of proficiency:

Computer:  Basic  Intermediate  Advanced  Word Processing  Excel  Other \_\_\_\_\_

Comfortable dealing with the public  Comfortable answering the phone  Comfortable in busy environment

Other \_\_\_\_\_

Do you have any physical or medical restrictions? ( For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, ect.) Please explain.

---

Do you prefer to work outdoors if a position were available?  Yes  No

Do you drive?  Yes  No

Do you have transportation to a work site?  Yes  No

Please note dates, days and time you are able to participate, or scheduling restrictions:

---

Maximum Work-Off Credit Allowed per Household is \$1,500.00. This document must be signed.

(You will be notified of Acceptance/Non-Acceptance for placement.)\*

**\*COVID 19 IMPACT on VETERAN TAX WORK OFF PROGRAM**

Covid 19 continues to have an impact in our daily lives, including work. This also continues to impact our Veteran Tax Work Off Program by limiting the current opportunities available to participants. Please know that we will make every effort to place you in a position that follows appropriate Covid 19 protocols. Suitable positions may not be immediately available, but know that we will contact you as soon as one does become available.

*By signing below, I attest that my Chelsea residence is my primary residence, and if I qualify for the Senior Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my City of Chelsea Property Tax. Under the pains and penalties of perjury, I declare that to best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete*

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