



**Town of Berlin - Veterans' Property Tax Work-Off Program**

**Appendix B – Veteran's Status Certification**

Please obtain the signature of the Town of Berlin 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 **Council on Aging Office, 12 Woodward Ave, Berlin MA 01503.**

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:** \_\_\_\_\_

---

---

**Town of Berlin  
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 #: \_\_\_\_\_