



**Town of Berlin - Veterans' Property Tax Work-Off Program**  
**Appendix C - Veteran's Status Certification**  
**and Disability Verification**

Please obtain the signature of the Town of Berlin Veteran's Agent at the bottom of this form certifying that you are a veteran, as defined in M.G.L. clause forty-third of section 7 of chapter 4, and are unable to perform work in the program because of your disability.

Please return this completed 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 veteran's property tax credit. I am physically unable to perform any of the work options that have been offered to me. I request that the following volunteer be authorized to work on my behalf:

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ I request that the Council on Aging or Veteran's Agent help me find a volunteer to work on my behalf.

**Under the penalties of perjury, I certify that the above statements are true and correct.**

**Signature of veteran homeowner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above signatory is a veteran, as defined in M.G.L. clause forty-third of section 7 of chapter 4, and is unable to perform work in the program because of his/her disability.

**Signature of Veterans Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VOLUNTEER WORKER AGREEMENT**

I, \_\_\_\_\_ (Print Volunteer's Name), agree to provide up to 125 hours of service to the Town of Berlin on behalf of \_\_\_\_\_ (Print Name of Veteran Homeowner). I understand that I will receive no compensation for these hours of service, as the veteran homeowner listed above will receive a property tax credit for the total number of service hours that I perform for the town. I agree to complete monthly time sheets documenting the hours of service and submit them, at the end of each month, to the Council on Aging office.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

(Please have the Veteran's Agent complete the information on the following page and return it to the COA office.)