

Eric Segundo, Director

Office: (413) 707-5050

Fax: (413) 241-6004

esegundo@ludlow.ma.us



TOWN OF LUDLOW

Veterans' Services

487 Holyoke Street

Ludlow, Massachusetts 01056

VETERAN PROPERTY TAX WORK OFF PROGRAM

February 1, 2024 – November 30, 2024

APPLICATION

Name of Applicant: _____ 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 as defined by MGL Ch. 4, § 7, cl. 43?	_____	_____
Are you a Ludlow homeowner or the current spouse of a Ludlow homeowner?	_____	_____
Is your Ludlow home your primary residence?	_____	_____
Do you own and occupy the property for which you are seeking a credit?	_____	_____
Are you a Town of Ludlow employee?	_____	_____

PART B: Qualifications

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

_____	_____
_____	_____
_____	_____

Please list your current or former occupation(s): _____

Please check off areas of proficiency:

COMPUTER: Basic Intermediate Advanced Word Processing Excel Other _____
 Comfortable dealing with 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, etc.) Please explain.

Do you prefer to work outdoors if a position were available? _____ YES _____ NO

Do you drive (maybe required)? _____ YES _____ NO

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

(You will be notified of Acceptance/Non-Acceptance by Veterans Service Office in January.)

By signing below, I attest that my Ludlow residence is my primary residence, and if I qualify for the Veterans Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my Town of Ludlow Property Tax.

Signature: _____ Date: _____

We thank you for completing this portion of the Veteran Tax Credit Program Application! If you have any questions or concerns, please contact Eric Segundo, Veterans Services Director at 413-707-5050. Completed applications are returned to the Town of Ludlow Veterans Office.

FOR OFFICE USE ONLY

Disposition of Application

Granted

Denied

Placement:

Department _____

Position Title _____

Non-Placement:

Please indicate reason for denial:

Director's Signature _____