

***Eric Segundo, Director***

Office: (413) 707-5050

Fax: (413) 241-6004

[esegundo@ludlow.ma.us](mailto:esegundo@ludlow.ma.us)



**TOWN OF LUDLOW**

**Veterans' Services**

487 Holyoke Street  
Ludlow, Massachusetts 01056

**VETERAN PROPERTY TAX WORK OFF PROGRAM**

**February 1, 2025 – November 30, 2025**

**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**

	<b>YES</b>	<b>NO</b>
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

_____	_____
_____	_____
_____	_____

OVER

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 413-583-5600 x1290. 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 \_\_\_\_\_