

2198 Main Street Brewster, MA 02631-1898 Phone: (508) 896-3701 Fax: (508) 896-8089

VETERANS REAL ESTATE TAX ABATEMENT PROGRAM

The Veteran Real Estate Tax Abatement Program matches municipal volunteer opportunities in the Town of Brewster with eligible veterans who are qualified and able to volunteer their services in exchange for a reduction in their real estate tax bills. Program participants may work in a variety of jobs for the Town. While this program is similar to the Senior Tax work-off program, it is separate and distinct.

Veteran Real Estate Tax Abatement Program 2026 Overview (Fiscal Year 2027)

Tax Credit Amount

In exchange for 67 hours of volunteer service, the Town will abate the annual real estate property tax by \$1,000.00* (*less mandatory deductions), **or**

In exchange for 33.5 hours of volunteer service, the Town will abate the annual real estate property tax by \$500.00* (*less mandatory deductions).

Half of the net abatement amount will be deducted from the fall real estate tax bill and the remainder will be deducted from the spring real estate tax bill. Volunteer service hours must be completed before August 15, 2026.

Program Eligibility Requirements

- Town of Brewster veteran, as defined by MGL Ch. 4 § 7 clause 43, or spouse of a veteran in the case where the veteran is deceased or has a service-connected disability.
- Homeowner and occupant as of July 1st of the prior calendar year for the property that the abatement is requested (if the property is in a trust, you must have legal title, i.e., be one of the trustees).
- Owned and occupied real estate in Brewster for the preceding one (1) year.
- Limit of one (1) Veteran Real Estate Tax Abatement per property, if you own multiple properties only your domicile is eligible for abatement, only one (1) owner can apply for this abatement (Note; You will continue to receive other exemptions to which you are entitled.
- Must be current with payment of all Town taxes.
- Residents can only participate in either the Veteran or Senior Tax Work-off Program, not both.
- The abatement will be posted to the real estate tax account once the first half bill has been issued. If you sell your property prior to receiving the posted abatement, an agreement will need to be made between the buyer and seller at closing regarding the property tax abatement.



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Volunteer Assignment Criteria

- Applicants physically unable to provide volunteer services to the Town may have an approved representative to complete the hours.
- Applicants (or their representative) should have skills & qualifications that match volunteer assignment requirements.
- The service hours requirement must be completed before August 15, 2026.
- Hours may not be saved or carried over to the next program year.

Mandatory Deductions for Participants Deducted from Gross Abatement Amount

- OBRA; 7.5% gross contribution unless exempt (this amount may be returned at the end of the program).
- Medicare; 1.45% gross contribution.

State & Federal Tax Obligations

- Exempt from MA taxes.
- Included in taxpayers' gross income for both Federal & FICA purposes through a W-2 form.

Benefits; Health/Life/Workers Comp

• Not eligible for any Town benefits.

Application Process

• Complete applications, including all attachments, are due to the Council on Aging no later than December 12, 2025.

TOWN OF BREWSTER COUNCIL ON AGING 1673 MAIN STREET BREWSTER, MA 02631 (508) 896-2737 FAX: (508) 896-7587



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APPLICATION

DEADLINE: December 12, 2025

Date:	
Name of Owner:	
Social Security Number:	
Address of Residence:(Owner <u>must</u> occupy the above residence)	
Mailing Address (if different):	
Home Telephone Number:	
Cell Phone Number:	
Email Address:	
Emergency Contact Name & Phone Number:	
Please check only one; I am applying for the:	
\$500.00 tax abatement (33.5 hours of volunteer serv	rice)
\$1,000.00 tax abatement (67 hours of volunteer serv	rice)
Will you have a representative completing the volunteer hours for y	you?
Yes No	
If yes, Name of Representative	
Telephone	
Home Address	
Mailing Address	



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Eligibility Requirements

	<u>YES</u>	<u>NO</u>
Veteran (provide copy of DD214 form)		
Brewster resident (provide copy of current tax bill)		
Departments you	would prefer volunteering for:	
Town Hall (specify dept) Police Department Stony Brook Elementary School Recreation Department Captains Golf Course Swap Shop Natural Resources Sea Camps	Fire/Rescue DepartmentWater DepartmentEddy Elementary SchoolCouncil on AgingDept. of Public WorksLadies LibraryCrosby MansionOther (Please specify)	
Estate Tax Abatement Program or the	y credits on your taxes as part of Brewster's e Veteran Real Estate Tax Abatement Prograpartments and year(s) of voluntary service.	
Are you currently volunteering with the departments.	he Town? Circle: YES NO If yes, plea	se list the
 Please discuss those past experiences representative) for this position. Pleas 	and types of skills which might qualify you se list three skills.	(or your



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4. Computer skills: Please circle the word that best describes your (or your representative's) comfort level performing data entry task:

No Computer Use	e Fair	Good	Excellent		
Circle the software pr	rograms you (or yo	ur representativ	e) are familia	with:	
MS Excel	MS Word	MS PowerPoint		Other	
5. Hours Available: Mornings: Afternoons:					
Days of the week that	t you (or your repre	esentative) are a	vailable:		

5. Are there any restrictions that may keep you from volunteering for a particular kind of work or that may require specific work accommodations? Please explain.



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If I qualify for the Veteran Property Tax Abatement Program, I understand that I may earn a maximum of \$1,000.00* credit (*less mandatory deductions) which can only be applied as an abatement to my Town of Brewster Property Tax. Half of the net abatement amount will be deducted from the fall real estate tax bill and the remainder will be deducted from the spring real estate tax bill. No money will be exchanged. It is my responsibility to report this earning to the IRS during the tax year it is received. This is not considered income for the purposes of Mass. State income Tax Returns. I also understand that no partial credit will be issued and that credit shall not be carried over to the following year.

The below signature indicates that this application has been prepared or examined by the person signing below. Under pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Signature	Date
APPLICANT CHECKLIST	
Participant Application (completed in full, signed and dated)	
Copy of most recent property tax bill	
Copy of DD214 Form	
CORI Form	



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Brewster is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal to the DCJIS. I hereby acknowledge and provide permission to the Town of Brewster to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Brewster written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Brewster may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Town of Brewster must first provide me with written notice of this check.

	onsent to a CORI check and acknowledge that the
information provided on page 2 of	This Acknowledgement Form is true and accurate.
Signature	Date

$\underline{SUBJECT\ INFORMATION}\text{: (A red asterisk (*) denotes a required field)}$

*Last Name	*Fir	st Name	Middle	e Name	Suff
Maiden Name (or other n	ame(s) by v	vhich you hav	re been known)		
*Date of Birth		Place of Birth		-	
*Last Six Digits of Your S	Social Secur	ity Number:			
Sex: Height:	_ft in.	Eye Color: _	Ra	ce:	_
Driver's License or ID Nu	ımber:		State of Is	sue:	
Mother's Full Maiden Nar	ne		Father's Full Nam	e	
Current and Former Addr	esses:				
Street Number & Name		City/To	own	State	Zip
Street Number & Name		City/To	own	State	Zip
The above information waidentification:	s verified by	y reviewing th	e following form(s	s) of governme	nt-issued
VERIFIED BY:N	ame of Verif	ying Employe	ee (Please Print)		
	Signatu	re of Verifying	j Employee		