



TOWN OF HAMILTON

Senior Citizen Property Tax Work-Off Program Application

M.G.L. Chapter 59 Section 5

Please submit Applications to the Council on Aging Director
at the COA 299 Bay Road

Date: _____ Received at COA on: _____

Name: _____

Address: _____ Hamilton Zip _____

Telephone: _____ Email: _____

REQUIREMENTS: PLEASE ANSWER ALL OF THE FOLLOWING

| | Yes | No |
|------------------------------------|-------|-------|
| Over Age 60? | _____ | _____ |
| Person with Disability? | _____ | _____ |
| Owner of Residence? | _____ | _____ |
| Primary Residence? | _____ | _____ |
| Copy of current tax bill attached? | _____ | _____ |
| CORI Request Form attached? | _____ | _____ |

Education:

Name _____ Graduation Date _____

High School _____

College _____

Other _____

Volunteer Experience:

| Name of Organization | Dates | Duties |
|----------------------|-------|--------|
|----------------------|-------|--------|

1. _____

2. _____

Other Interests, skills and/or hobbies:

Work Experience:

(Please include employment name & address/phone number/dates of employment)

Position/Duties:

1.

2.

Availability:

Month:

Day of Week:

Time of Day:

What type of community service do you prefer?

Computer Skills:

| | Yes | No |
|------------------|-------|-------|
| E-Mail | <hr/> | <hr/> |
| Microsoft Word | <hr/> | <hr/> |
| Microsoft Excel | <hr/> | <hr/> |
| Microsoft Access | <hr/> | <hr/> |
| Other: <hr/> | | |

In case of emergency, please notify:

Council on Aging Office:

Placement in
