



## TOWN OF HAMILTON

### Senior Citizen Property Tax Work-Off Abatement Program ELIGIBILITY GUIDELINES

1. Must be 60+ years of age or a person with a disability as of the Fiscal Year (July 1).
  2. Must have been the homeowner (or current spouse of the homeowner) for a minimum of five years.
  3. The maximum abatement that can be earned is \$1,500.00. The hourly rate at which the work off services are to be credited shall be the minimum wage of the Commonwealth of Massachusetts in effect at the time the services are provided. Hours earned from December 1 - November 30 will count toward the abatement in the second half of the current Fiscal Year.
  4. Tax credits may be applied only toward real property, which the applicant occupies as a principal (primary) residence and has property tax liability.
  5. Only one tax abatement per property per year shall be allowed.
  6. A copy of the most recent property tax bill must be presented.
  7. No current town employee is eligible.
  8. If chosen, the applicant must keep the Town apprised of any changes affecting eligibility.
  9. The Executive Office of Elder Affairs requires that all applicants undergo a CORI (Criminal Offender Record Information) check.
  10. Acceptance is subject to ability to place the applicant in an available position after meeting the eligibility requirements. Placement is determined by matching skills with available requests.
  11. If more applications are received than have been funded by the Town, the first timely, eligible persons will be selected and the remaining persons placed on a waiting list.
  12. Applicants have the right to refuse placements but each applicant may only go on a maximum of two interviews.
  13. Although this program is exempt from state income taxes, it is not exempt from Federal income taxes. Therefore, the Town will send the required income tax earnings report to program participants (i.e., 1099 or W2).
  14. Participants are not eligible for any Town Benefits.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application and any other materials provided can be justification for denial of application or can be justification for termination.
  - In processing my application, the Town of Hamilton may verify all of the information provided by me.
  - I have read the eligibility requirements for participation in the Senior Citizen Property Tax Work-Off Abatement Program

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Signature

Date

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Printed Name:



TOWN OF HAMILTON

Senior Citizen Property Tax Work-Off Abatement Application  
M.G.L. Chapter 59 Section 5

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Hamilton Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

ELIGIBILITY 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:**

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**Work Experience:**

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

**Position/Duties:**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**Availability:**

Month: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Time of Day: \_\_\_\_\_

**What type of community service do you prefer?**

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**Computer Skills:**

	None	Beginner	Intermediate	Advanced
E-Mail	_____	_____	_____	_____
Microsoft Word	_____	_____	_____	_____
Microsoft Excel	_____	_____	_____	_____
Microsoft Access	_____	_____	_____	_____
MUNIS	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

In case of emergency, please notify:

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Town Manager's Office:

Placement in \_\_\_\_\_



P.O. Box 429  
577 Bay Road  
Hamilton, MA 01936

Phone  
Fax  
Web site

(978) 468-5599  
(978) 468-2682  
<http://www.hamiltonma.gov>

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### CORI REQUEST FORM

Town of Hamilton has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the Town, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

#### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Last six digits of Social Security**

\_\_\_\_\_  
**Mother's Maiden Name**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**Sex:**

\_\_\_\_\_  
**Height**

\_\_\_\_\_  
**Eye Color**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER**

(Include State of issue)

\_\_\_\_\_  
**Applicant/Employee Signature**

The information was verified with the following form photographic identification: \_\_\_\_\_

Requested by:

\_\_\_\_\_  
**Signature of CORI Certified Employee**