

TOWN OF HAMILTON

Senior Citizen Property Tax Work-Off Program ELIGIBILITY GUIDELINES

- 1. Must be 60+ years of age or a person with a disability as of the start 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. Tax credits may be applied only toward real property, which the applicant owns and occupies as a principal (primary) residence and has property tax liability.
- 4. Only one participant in the program per property per year shall be allowed.
- 5. No current Town employee is eligible.
- 6. Participants need to apply annually; the application period begins during the month of November.
- 7. The maximum reduction of the real property tax bill to be based on 125 volunteer hours in a given tax year. 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.
- 8. A copy of the most recent property tax bill must be presented with the Application.
- 9. The Executive Office of Elder Affairs requires that all applicants undergo a CORI (Criminal Offender Record Information) check. Please provide ID with the CORI Request Form.
- 10. Acceptance is subject to the ability to place the applicant in an available position after meeting the eligibility requirements. Placement is determined by matching skills with available requests.
- 11. Currently the maximum number of placements in the program is ten. If more applications are received than have been funded by the Town, persons will be selected by a lottery and the remaining persons placed on a waiting list.
- 12. If chosen, the applicant <u>must</u> keep the Town apprised of any changes affecting eligibility.
- 13. Applicants have the right to refuse placements but each applicant may only go on a maximum of two interviews.
- 14. 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).
- 15. 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 Program.

Signature

Date

Printed Name:



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 <u>ALL</u> 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			

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		
Microsoft Word		
Microsoft Excel		
Microsoft Access		
Other:		

In case of emergency, please notify:

Council on Aging 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

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 Init			itial			
Date of Birth	Last six digits of Social Security						
Mother's Maiden N	lame						
Current Address					_ .		
Sex:		Height			Eye Color		
DRIVER'S LICENS (Include State of iss		IBER					
•							
Applicant/Employ	ee Sig	gnature					
The information identification:	was	verified	with	the	following	form	photographi
Requested by:							

Signature of CORI Certified Employee