

Arlington Council on Aging  
27 Maple Street  
Arlington, MA 02476  
781-316-3400



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## Application for Senior Property Tax Work Off Program

Date \_\_\_\_\_ Fiscal Year \_\_\_\_\_

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

**Eligibility and Guidelines:** Answers are confidential. Applicants meeting eligibility requirements will be considered for placement in participating departments. Residents must reapply annually. Verification is required

Please check the appropriate category:

- \_\_\_\_\_ Annual income up to \$57,000 Single
- \_\_\_\_\_ Annual income up to \$85,000 Married Filing Jointly
- \_\_\_\_\_ Annual income up to \$71,000 Head of Household

- Applicant must be age 60 or older and an Arlington homeowner, living in the home
- Abatement up to \$1,500 annually per Senior, work up to 136 hours
- One year residency in Arlington requirement
- Applicant name must be on the deed
- W-4 and CORI (Criminal Offender Record Information) forms are part of the application (a copy of a picture ID is required for the CORI)

Do you own and occupy the property for which Arlington taxes are paid? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the deed in the applicant's name? \_\_\_\_\_ yes \_\_\_\_\_ no

Are there any unusual or extraordinary needs or expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Placement Information**

Please describe any training or job related skills that will help us evaluate your application for this program (i.e. computer skills, accounting, office , data entry, etc.)

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Participation in this program is subject to the needs of participating Town departments. Please identify your top 5 areas to work with 1 being the most preferred. Please note we will do our best to match your skill set and preference with job availability, but placement is based upon the current needs of the Town departments.

\_\_\_\_\_ Town Hall      \_\_\_\_\_ COA      \_\_\_\_\_ Schools      \_\_\_\_\_ Police      \_\_\_\_\_ Library  
\_\_\_\_\_ Fire      \_\_\_\_\_ DPW      \_\_\_\_\_ Recreation      Other: \_\_\_\_\_

Days and hours you are available to work:

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Agreement: If I qualify for the Senior Tax Work Off Program, I understand that all amounts earned will be subject to appropriate income and FICA taxes, and that net earnings will be applied to my Town of Arlington Real Estate Property Tax for property that I own and occupy. Placement in this program is based on availability of suitable work. All applicants must adhere to town policies and a packet will be provided to each accepted applicant.

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

FOR OFFICE USE ONLY

Referral to: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, indicate reason: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_ COA Signature: \_\_\_\_\_