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



FY 21 Application for Senior Property Tax Work Off Program DUE BY OCTOBER 15, 2020

DateFiscal Year		
Name of applicant		
Address		
Home Phone Cell Phone		
EmailDOB		
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 125 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?		
Is the deed in the applicant's name? <u>yes</u> <u>no</u>		
Are there any unusual or extraordinary needs or expenses?		

Placement Information	
Please describe any training or job related sk	kills that will help us evaluate your application for this program
(i.e. computer skills, accounting, office , data $% \left(\frac{1}{2}\right) =\left(\frac{1}{2}\right) \left($	a entry, etc.)
Participation in this program is subject to the	o needs of participating Town departments. Please identify your
·	e needs of participating Town departments. Please identify your referred. Please note we will do our best to match your skill set
	cement is based upon the current needs of the Town departments.
	assignments will be conducted remotely, virtually, or in a socially
distant manor.	issignments will be considered remotery, virtually, or in a socially
Days and hours you are available to work:	
Agreement: If I qualify for the Senior Tax Wo	ork Off Program, I understand that all amounts earned will be
	es, and that net earnings will be applied to my Town of Arlington
	own and occupy. Placement in this program is based on
	nust adhere to town policies and a packet will be provided to each
accepted applicant.	
Cionativa	Data
Signature	Date:
	FOR OFFICE USE ONLY
	TON OFFICE USE UNE
Referral to:	Date:
	Start Date:
Department Supervisor:	COA Signature: