



ARLINGTON COUNCIL ON AGING
27 MAPLE STREET
ARLINGTON, MA 02476
(781)-316-3400

Harry Barber Work off program for Arlington RENTERS
FY 2022

APPLICATION

Name _____ Telephone _____

Address _____

Do you have a preference for a certain department? [] yes [] no

If so, what department?

Please state experience and/or any relevant skills in which might qualify you as a participant:

Are there any medical restrictions that limit your involvement or your ability to do certain kind of work?

If so, please explain: _____

Emergency Contact Name and Telephone: _____

Relationship _____

I understand that as a participant in the Harry Barber Community Service Program, I may earn one thousand, five hundred dollars (\$1,500) from my work at an assigned town agency. I also understand that consideration may include financial need, qualification, availability, location, transportation, and physical limitation.

Signature of Applicant: _____ Date: _____

Please return application, with verifications, to the Arlington Council on Aging,

The following verifications must accompany application:

- Proof of Arlington Residency (rent receipt, phone bills, etc.)
- I am 60 years or older [] I am retired []
- Total Annual Income (verification, all sources) _____

Maximum allowable income for Program Participation is \$58,000 for a senior in a single-person household and \$88,000 for a married senior couple residing together.