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



FY 23 Application for Senior Property Tax Work Off Program DUE BY OCTOBER 31, 2022

Date		
Name of applicant		
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 person, work up to 110 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? <u>yes</u> <u>no</u>		
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 re	lated skills that will help us evaluate your application for this program
(i.e. computer skills, accounting, offic	ce , data entry, etc.)
• • •	ct to the needs of participating Town departments. Please identify your
·	most preferred. Please note we will do our best to match your skill set
•	but placement is based upon the current needs of the Town departments.
Some virtual volunteer opportunities	s will be available.
Days and hours you are available to v	volunteer:
Days and nours you are available to v	olunteer.
Agreement: If I qualify for the Senior	Tax Work Off Program, I understand that all amounts earned will be
• •	CA 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 applic	cants 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:	Date:
	Start Date:
	COA Signature:
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