



## 2019 SENIOR TAX WORK OFF PROGRAM APPLICATION

### ELIGIBILITY INFORMATION

Name \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

- yes  no I am at least 60 years of age.  
 yes  no I own and reside at the property for which credit is requested.  
 yes  no I am willing/able to work 62 hours annually.  
 yes  no My property taxes and all other municipal fees are paid in full to date.  
 yes  no I am currently receiving a municipal abatement.

### REFERENCES

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

### PLACEMENT INFORMATION

What skills, talents, or interests do you have?

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Do you have a preference for being assigned to a particular department? If so, where?

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Do you have any medical restrictions that might keep you from working? Do you require any special accommodation in order to work? Please explain.

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**Please return completed application to the Holyoke Council on Aging, 291 Pine Street, Holyoke, MA, 01040, by Tuesday, April 30, 2019. You will need to bring a photo I.D. with you for CORI check verification.**

## 2019 SENIOR TAX WORK OFF PROGRAM AGREEMENT

I, \_\_\_\_\_, understand and agree to the  
(PRINT NAME)  
following eligibility requirements and program expectations.

1. To be eligible for benefits under the Senior Tax Work Off Program, and receive a tax credit there under, I hereby recognize that I may only work a maximum of 62 service hours per calendar year. Any hours volunteered above 62 hours do not qualify me for any additional tax credit above that which I am allotted under the program;
2. To be eligible for benefits under the Senior Tax Work Off Program, I hereby acknowledge that I will undergo a Criminal Records Check (CORI), and hereby assent to said background check by the City;
3. To be eligible for benefits under the Senior Tax Work Off Program, I may be required to produce evidence and/or documents showing that I meet the requisite criteria contained in my application. The Council on Aging Director, acting as an agent for the City of Holyoke, shall have the sole discretion to determine whether the aforementioned evidence/documentation is sufficient to allow me entry into the program;
4. I hereby acknowledge that my placement and work assignments in the Senior Tax Work Off Program shall be determined by and shall be at the sole discretion of the Council on Aging Director.
5. I hereby acknowledge that my actions as a participant in the Senior Tax Work Off Program shall be governed by, and shall be subject to the direction and supervision of the Council on Aging Director and designated Site Supervisor.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date