



Town of Stow
Council on Aging
 380 Great Road, Stow, MA 01775
 (978) 897-1880

SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
 (General Laws Chapter 59 Section 5K)

FY'17 APPLICATION

This application is not open to Public Inspection

NAME: _____ TEL. #: _____

PLEASE PRINT

ADDRESS: _____ STOW, MA 01775

EMAIL: _____ SS #: _____ DATE OF BIRTH: _____

1. Are you 60 years of age or older (as of January 1, 2016)? ____ YES ____ NO
 (Please attach copy of birth certificate.)
2. Have you owned and occupied as of December 31, 2015, as your principal residence, the property for which taxes are paid? ____ YES ____ NO

SOURCES OF INCOME FROM 2014 CALENDAR YEAR

*(The Town of Stow will consider all financial information submitted **CONFIDENTIAL**.
 Please provide verification for all sources of income)*

<u>SOURCE:</u>	<u>GROSS ANNUAL AMOUNT:</u> <i>(Total Household)</i>
Wages, Salaries and other Compensation.....	\$ _____
Interest.....	\$ _____
Ordinary & Qualified Dividends.....	\$ _____
Capital Gain.....	\$ _____
IRA Distributions.....	\$ _____
Pension & Annuities.....	\$ _____
Rental Income.....	\$ _____
Social Security Benefits.....	\$ _____
Supplemental Security Income (SSI).....	\$ _____
Other Income.....	\$ _____
TOTAL GROSS ANNUAL INCOME FROM ALL SOURCES:	\$ _____

Applications should be filled out using the exact figures from the applicant's Income Tax Form from the previous year. If the applicant did not file taxes, please submit an estimate of Gross Annual Income for the previous year. Please **attach a copy of your 2014 Federal Income Tax Returns** in order to determine eligibility for this program.

Positions are available in a variety of Town Departments. Please indicate in which areas you would prefer to work. (Please check all potentials departments).

COA Office Town Building Schools Library Other: _____

Work History: Please attach a resume, **or**, list any significant work experience and/or education and training, past experiences, which might qualify you as a participant in this program. You may include any applicable hobbies and/or community and volunteer work. Please include the organization's name, job title, responsibilities and # of years of service.

Do you have any medical or physical limitations that might limit your ability to do certain kinds of work? Please explain. _____

What hours are you available to work? (*Check all that apply.*)

Mornings Afternoons Evenings

What days of the week are you available to work? (*Check all that apply.*)

Mondays Tuesdays Wednesdays Thursdays Fridays Sat./Sun.

What type of working conditions are you interested in? (*Check all that apply.*)

Office Outdoors Independent Interactive Quiet Busy

What general type of work are you interested in? (*Check all that apply.*)

Clerical/Administrative Physical Labor/Skilled Maintenance Other: _____

Do you have experience in any of the following areas? (*Check any that apply.*)

Clerical/Secretarial Reception/Telephone Building/Grounds Maintenance
 Accounting Word Processing Teaching
 Computers Spreadsheets Data Entry

If you have experience with computers, please describe the type of computers and software programs used: _____

EMERGENCY CONTACT: (Please be sure to give the name, address, and phone # of TWO persons to be notified in case one cannot be reached).

NAME: _____ TEL. #: _____

ADDRESS: _____

NAME: _____ TEL. #: _____

ADDRESS: _____

SIGNATURE:

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

If I am accepted as a participant in the Stow Senior Citizen Property Tax Work-off Program, I understand that I may work a maximum of 100 hours at \$10.00 per hour (i.e. maximum of \$1,000.00) and which can only be credited as a reduction to my Town of Stow Property Tax for FY'17.

The Senior Citizen Property Tax Work-Off Program participants **MUST** observe the rules of confidentiality. Confidentiality means that anything you see or hear during the course of your work assignment that relates to Town residents **MUST NOT** be shared with anyone.

Applicant's Signature

Date

The Town of Stow reserves the right to discontinue a volunteer's participation in the program if the Town deems the volunteer's participation to be detrimental to the volunteer, the program, or the Town.

Once completed, please return this application with a copy of your most recent Federal Income Tax Return to the COA Office.

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ASSESSORS' USE ONLY

The applicant above: _____ Meets _____ Does NOT Meet
the qualifications for the Senior Citizen Property Tax Work-Off Program.

Board of Assessors

Date