

Halifax Council on Aging  
506 Plymouth Street – Halifax, MA 02338

Phone: 293-7313 \* Email: [bbrenton@town.halifax.ma.us](mailto:bbrenton@town.halifax.ma.us)

Application for FY'16

Date: \_\_\_\_\_

Please return completed Senior Tax Work-Off Application by July 14, 2015 to the C.O.A.

(Please Print)

**Name:** Last

First

Middle

**Address:** Street

Town

State

Zip

**Home Phone and Cell Phone**

\_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Email** \_\_\_\_\_

**Eligibility:**

**Yes**

**No**

Age 60 on or before 7/1/15 \_\_\_\_\_

Homeowner or current spouse \_\_\_\_\_

Reside at property for which abatement requested \_\_\_\_\_

Copy of current tax bill attached \_\_\_\_\_

Is your property tax being deferred? \_\_\_\_\_

Is your property tax in a trust? \_\_\_\_\_

\_\_\_\_\_ If yes, what is the name of the trust?

\_\_\_\_\_ If yes are you a trustee of the trust?

\_\_\_\_\_ If yes, copy of trust documents attached?

\_\_\_\_\_ If you are not a trustee of the trust you are not eligible to participate in this program)

**Income Information Required:** All information is kept strictly confidential and not shared with any other department. Verification of income must be attached to application (social security annual award letter, bank statement with direct deposits, pages 1 & 2 of federal 2014 income tax return, etc.). Incomplete applications will be returned. As of July 1<sup>st</sup>, 2015 income must be under \$35,000.00/single and under \$50,000.00/married. Asset test required- (savings, checking, cars, vacation home, IRA stocks, mutual funds, pensions), \$41,213/single and \$56,668/married –\*this does not include value of the house.

**Education:** Please include schools attended, degrees received, special certifications earned (Are you a CPA, certified teacher, do you have a CDL license, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Work Experience and Skills:** Please describe past work experiences that might assist us with your job placement. Include any particular skills you may have.

---

**Interests, Volunteer/Community Service:** Please indicate special interests, hobbies, community service, offices you have held, etc. that you feel may be helpful in determining your work placement.

---

---

Please indicate the job in which you are interested: \_\_\_\_\_

Would you accept another job if the above is not available? \_\_\_\_\_

**Emergency Contact Information**

Name of emergency contact person: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work and/or Cell Phones: \_\_\_\_\_

Do you have any restrictions or needs which may affect any position –i.e., physical requirements, seasonal, schedule, hours of day (duration and/or number of hours), frequency, etc.? Explain please.

---

---

**Agreement:** As a participant in the Property Tax Work-Off Abatement Program, I understand that any abatement I earn will be applied to my Town of Halifax property tax bill the following year. Hours must be completed by February 1<sup>st</sup>, 2016. I also agree not to hold the town liable for any problems incurred while participating in this program. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.

I do not have any medical condition which would interfere with my ability to perform duties of the position(s) in which I have indicated an interest. A doctor’s note affirming this work program will be passed in before the start of the program on August 1<sup>st</sup>, 2015.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Applications must be returned by Tuesday, July 14, 2015, 3:00pm. No late application will be accepted.***

**Halifax Council on Aging  
506 Plymouth Street  
Halifax, MA 02338**