



2024 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 to work 50 hours during the designated time frame.
 yes no My property taxes and all other municipal fees are paid in full to date.
 yes no I am currently receiving another property tax abatement or exemption.

REFERENCES

Name _____

Telephone _____

Name _____

Telephone _____

PLACEMENT INFORMATION

What skills, talents, or interests do you have?

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

Do you require any special accommodations in order to work? Please explain.

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

2024 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, I hereby recognize that I must work 50 service hours during the designated time frame (June - November). Any hours volunteered above the required 50 hours will not qualify me for additional tax credit.
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 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 evidence 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 and supervised by the Council on Aging Director and the designated Site Supervisor.

Participant Signature

Date