



Town of Orleans SENIOR TAX WORK-OFF PROGRAM APPLICATION FORM

THIS INFORMATION IS REQUIRED FOR OUR RECORDS.
INFORMATION IS CONFIDENTIAL AND USED FOR ADMINISTRATIVE PURPOSES ONLY.
PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COUNCIL ON AGING.

Thank you!

PERSONAL DATA

PLEASE PRINT

DATE: _____

***Please Check:** Title: Mrs. Race: Caucasian Gender: Female
 Mr. Other: _____ Male
 Ms. Other: _____
 Dr.

**THIS INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES ONLY*

NAME: _____ **Date of Birth:** _____
First Name Middle Initial Last Name

Primary Telephone: _____ Is this a Cell # or Home #

Secondary Telephone: _____ Is this a Cell # or Home #

Residential Address: _____
 _____, MA _____
Town Zip Code

Mailing Address (if different): _____
 _____, MA _____
Town Zip Code

Email: _____

Do you have a disability? Yes No

If so, please describe so we may consider accommodations that need to be considered when placing you. (i.e. hearing impaired, use walker, visual impairment, etc.)

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Best Number(s) to Reach: _____ Is this a Cell # or Home #

VOLUNTEER INTERESTS

PLEASE PRINT

SKILLS & INTERESTS:

- *Please Check:**
- | | | | |
|--------------------------|------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Answer phones | <input type="checkbox"/> | Office work |
| <input type="checkbox"/> | Filing | <input type="checkbox"/> | Shelving books |
| <input type="checkbox"/> | Computer skills | <input type="checkbox"/> | Cleaning |
| <input type="checkbox"/> | Gardening/Yardwork | <input type="checkbox"/> | Custodial services |
| <input type="checkbox"/> | Other (please explain) _____ | | |
-

AVAILABILITY:

- *Please Check:**
- | | | | | |
|-------------|--------------------------|---------|--------------------------|-----------|
| Mondays: | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon |
| Tuesdays: | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon |
| Wednesdays: | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon |
| Thursdays: | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon |
| Fridays: | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon |

HOW MANY HOURS CAN YOU WORK PER WEEK? _____

WHAT GENERAL TYPE OF WORK ARE YOU INTERESTED IN PERFORMING?

ARE THERE ANY DEPARTMENTS IN WHICH YOU WOULD ESPECIALLY ENJOY WORKING?

BRIEFLY DESCRIBE YOUR WORK EXPERIENCE:

ELIGIBILITY

PLEASE PRINT

Are you 60 years or older? Yes No

Are you the homeowner of record? Yes No

Do you reside at the property for which the tax reduction will be applied? Yes No

CONFIDENTIAL FINANCIAL DATA

GROSS ANNUAL INCOME

Social Security Income	\$
Retirement Benefits	\$
Other Pensions	\$
Wages Earned	\$
Veteran Benefits	\$
Interest & Dividends	\$
Rental Income	\$
Other	\$
TOTAL	\$

PLEASE ATTACH THE FOLLOWING INFORMATION:

- Proof of age (i.e. copy of birth certificate, passport, or driver’s license)
- Copy of prior year’s federal tax return

Note: If you are not required to file tax returns, you must submit a signed and dated letter of explanation with your application

- Copy of most recent property tax bill
- Evidence of home ownership and occupancy. If property is held in Trust, a copy of Trust and Schedule of Beneficiaries.

The information above is accurate to the best of my knowledge. I understand that if approved I may receive up to \$1,500 to be applied against my Town of Orleans residential property tax. As a volunteer for the Town of Orleans, I agree to comply with all the town rules and regulations.

Signature

Date

FOR OFFICE USE ONLY

Application Reviewed: _____(initials)
Disposition: ___Approved ___ Denied
Date Entered into MSC: _____
Put in MSC Tax Work Off Group: _____ (initials)