

TOWN OF CHARLTON



Board of Selectmen  
(508) 248-2200

Council on Aging  
(508) 248-2231

**SENIOR TAX WORK OFF PROGRAM  
VOLUNTEER APPLICATION**

DATE \_\_\_\_\_

**PERSONAL AND TAX INFORMATION**

(Please Print)

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

Address (Domicile) \_\_\_\_\_ Mailing (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Are you sole owner of said property? \_\_\_\_\_ If not, name co-owner \_\_\_\_\_

Is said property subject to a trust? \_\_\_\_\_ Name & address of trustee \_\_\_\_\_

Do you currently receive any tax exemptions from the Assessor's Office? \_\_\_\_\_

Please specify \_\_\_\_\_

Have previous taxes on said property been paid to date? \_\_\_\_\_

Approximate amount paid for yearly property tax \_\_\_\_\_

**VOLUNTEER POSITION INFORMATION**

Please list any skills, experience or abilities you may have regarding previous work or volunteerism.

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

When are you available to begin working? \_\_\_\_\_

Have you previously participated in the Senior Tax Work-off Program? \_\_\_\_\_  
(Please put all years participated ) Year(s)

**OVER** →

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## CHARLTON SENIOR TAX WORK OFF PROGRAM

### **Please read carefully:**

Please be advised that under the Charlton Senior Tax work off Program, offered to Senior Citizens residing in the Town of Charlton, MA, you will be required to fill out a W-4 form as well as an Employment Eligibility Verification form for federal tax purposes. To be eligible to participate in this program, you must be 60 years old and reside in the said property. In order to receive the \$500 real estate credit off your real estate tax bill, you must complete the 62.5 hours of volunteer service to the Municipality by November 30th of the current year. The credit will be applied to your property taxes for the following year. Every effort will be made to match the qualifications of the volunteer to the site request form.

I have read the above provisions and certify to the best of my knowledge, all information on this application is true and correct and that I understand the restrictions outlined above.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

### **To be completed by Council on Aging Director:**

Date to begin volunteer service \_\_\_\_\_

Department(s) assigned \_\_\_\_\_

Nature of work \_\_\_\_\_

\_\_\_\_\_  
Elaine Kingston, COA Director

\_\_\_\_\_  
Date