



**TOWN OF CHARLTON  
SENIOR TAX WORK-OFF PROGRAM APPLICATION**

DATE: \_\_\_\_\_

APPLICANT:

VOLUNTEER: *(Enter N/A if same as applicant)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different than residence)*

Mailing Address: \_\_\_\_\_  
*(if different than residence)*

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

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

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

Annual Income - Single: \_\_\_\_\_ Couple: \_\_\_\_\_

Amount paid for last year's property tax: \_\_\_\_\_

Please describe your background and skills that would be useful in matching your application with a town department:

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

Previous years you've participated in this program \_\_\_\_\_  
*(list all years participated)*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date



Board of Selectmen  
(508) 248-2200

Council on Aging  
(508) 248-2231

### 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.

When 62.5 hours are completed, credit will be issued to you in the form of an abatement in the amount of \$500 and will be applied towards the actual real estate tax bills issued in December and April. All participants are subject to a CORI check before approval.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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*The Senior Tax Work-off Program runs in the fiscal year from July 1<sup>st</sup> – February 28<sup>th</sup>*

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

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

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

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

\_\_\_\_\_  
Elaine Materas, COA Director

\_\_\_\_\_  
Date