



Town of Charlton

SENIOR TAX WORK-OFF PROGRAM APPLICATION

APPLICANT:

Name: _____

Residence: _____

Mailing Address: _____
(if different than residence)

Telephone: _____

Valid Driver's License: Yes No

VOLUNTEER (working in place of applicant):

Name: _____

Address: _____

Mailing Address: _____
(if different than residence)

Telephone: _____

Valid Driver's License: Yes No

Applicant's Age: _____ Date of Birth: _____ Marital Status: _____

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

Do you reside year-round in your home? _____

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

Do you own another home? _____ Assessment amount of home(s) _____

Number of Members in Household: _____ Please list names and relationship of household members:

Amount of 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 participated in this program _____
(list all years participated)

Signature of Applicant

Date

Signature of Volunteer

Date



Town of Charlton

Council on Aging
(508) 248-2231

Board of Selectmen
(508) 248-2200

Annual Household Income -

Wages: _____

Social Security, SSDI, SSI, SSP: _____

Pensions, Retirement Income: _____

Dividends: _____

Total Income: _____

SENIOR TAX WORK-OFF TERMS AGREEMENT

Please read carefully:

I have read the Town of Charlton Senior Tax Work-off Program Policy. I understand and agree to the terms and conditions of this policy and under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Print Name

Date

Applicant Signature

Date

To be completed by Program Administrator:

Approved/ Disapproved

Date to begin volunteer service _____

Dept. (s) assigned _____

Nature of work _____

Program Administrator

Date