Town of Barnstable SENIOR PROPERTY TAX WORK OFF PROGRAM

PARTICIPANT APPLICATION

Name of Applicant: Phone #:	
Mailing Address:	
E-Mail:	
Property ID:	
PART A: Eligibility requirement. Please answer the following questions:	Yes No
Are you at least 60 years	
Are you a Barnstable homeowner or the current spouse of a Barnstable homeo	owner?
Are you a ve	eteran?
Is your Barnstable home your primary resi	dence?
Do you own any other properties in MA or any other	r state?
Do you own and occupy the property for which you are seeking	credit?
Are you a Town of Barnstable emp	oloyee?
List your skills and talents (minimum of three)	
	Yes No
Are you comfortable dealing with the	
Are you comfortable answering the tele	-
Are you comfortable in a busy enviror	
Would you prefer to work outdoors if a position was available to be a set of the set of	
Would you prefer to work outdoors if a position was ava	
	u drive?
Do you have transportation to a wo	rk site?

Please indicate your level of proficiency with computers:

Word Processing

Spreadsheets (Excel)

Do you have any physical or medical restrictions?

Please note dates, days, and times you are able to participate in this program, including schedule restrictions.

PART C: Financial Eligibility

Tax Filing Status:_____ Date of Birth: _____

Annual Gross Income: \$______(For all members of your household) Income Eligibility: \$40,000 annually for single tax payer, \$50,000 annually for married taxpayers Please provide a copy of your previous calendar year Federal Tax Return (Pages 1 and 2 only) If you did not file a Federal Tax return for the previous calendar year, please provide copies from all income sources during the previous calendar year for all members of the household.

Maximum Work-Off Credit Allowed per Household is \$1,500.00 The maximum number of participants per year is 20 (subject to availability of assignments)

By signing below, I attest that my Town of Barnstable residence is my primary residence, and if I qualify for the Senior Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my Town of Barnstable property tax. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying document and statements are true, correct, and complete.

Signature:_____

Date:_____

Completed applications are submitted to: Town of Barnstable Human Resources Department, 230 South Street, Hyannis, MA 02601 Attn: William E. Cole, Human Resources Director

If you have any questions, please contact William E. Cole, Human Resources Director at (508) 862-4694.