



**Town of West Boylston
Senior Tax Work-Off Program Application**

Date: _____

Name of Applicant: _____

Address: _____

Telephone: _____ **Cell Phone:** _____

Birthdate: _____ **Email:** _____

Preferred Contact Method: _____

ELIGIBILITY REQUIREMENTS

I am at least 60 years of age. (Please provide a copy of your identification) Yes ____ No ____

I am the Owner of Record (or spouse of the Owner of the above property).* Yes ____ No ____

I occupy the property for which taxes are paid. Yes ____ No ____

I am willing and able in the United States. Yes ____ No ____

I understand that if I am selected as a participant in the program that I will not be exempt from Federal, Social Security, or Medicare taxes. Yes ____ No ____

* If the property is in a trust, please provide a copy of the trust documents together with the application.

PLACEMENT INFORMATION

What are your past work and/or volunteer experience and white times of skills do you possess:

Please share any hobbies and/or interests you may have that may aid in placement:

Placement in a particular role/Department is not guaranteed.

Using the numbers 1-4, please rank the areas of work that you are most interested in, with 1 being the most interested.

___ Administrative (Filing, copying, typing, etc.)

___ Landscaping, weeding, trimming, planting.

___ Building Maintenance (testing emergency lights/exits signs, fire extinguishers, wash station, elevator inspections, minor painting/repair)

___ Library Assistance (reshelving, craft preparation, light dusting, etc.)

___ Senior Center Assistance (Greeter/Dining)

If there is a particular Town Department(s) that you are interested in working for, please indicate here: _____