

**BELLINGHAM SENIOR CENTER & OFFICE OF THE COUNCIL ON AGING  
508-966-0398**

Date of application \_\_\_\_\_

**CONFIDENTIAL APPLICATION FOR PROPERTY TAX WORK OFF PROGRAM**

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell \_\_\_\_\_ Birth date \_\_\_\_\_

E-mail \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS**

60 years old by July 1 this year? Yes \_\_\_\_\_ No \_\_\_\_\_ Vet \_\_\_\_\_ DD214 Discharge Required under 60 yrs \_\_\_\_\_

Homeowner or current spouse of homeowner?\* Yes \_\_\_\_\_ No \_\_\_\_\_

**If you sell your home, arrangements must be made to ensure that YOU receive your work-off deduction. You are responsible for notifying the Senior Center and Assessor's Office of the Sale, PRIOR to your Closing. \*\*Initial: \_\_\_\_\_ \*\***

Bellingham resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Reside in property for which relief is requested? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If property is in a trust, etc., please explain \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address if not the same as yours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**PLACEMENT INFORMATION**

What are your past experiences, types of skills, and qualifications?

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

What date are you available to start work? \_\_\_\_\_

Job placements may be available in a variety of Town departments. Indicate in which departments you would prefer to work, if possible.

- |                                    |                               |                       |
|------------------------------------|-------------------------------|-----------------------|
| _____ No Preference – Any          | _____ Youth Center (Police)   | _____ B.P. Library    |
| _____ Town Hall Offices            | _____ DPW Recycle - DPW Parks | _____ Vets's Memorial |
| _____ Senior Center                | _____ Schools                 | _____ Town Common     |
| _____ Town Carpenter's Dept.       |                               |                       |
| _____ Other- please explain: _____ |                               |                       |

Do you have any restrictions or needs which may affect any position—i.e., physical requirements, seasonal, schedule, hours of day (duration and/or number of hours), frequency, etc. Please explain.

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**Please note:**

- **The Council on Aging is mandated by state law to do a CORI (criminal background check) on any person who works with seniors.**
- **Candidates placed with the School Department must be willing to sign a Criminal Offender Record Information (CORI) release form.**

*As a participant in the Property Tax Work-Off Program, I understand that I may earn a maximum of \$1000 (single) or a combined credit of up to \$1,500 (married\*) to be applied to my Town of Bellingham property tax bill in the following year. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit. \*up to \$2,000 grand-fathered 2012 and prior.*

**NOTICE:**

**W2s are issued to the IRS:** The United States Internal Revenue Service (IRS) has ruled that under current federal law **the abatement amount IS INCLUDED in the taxpayer's gross income for both federal income tax and Federal Insurance Contribution Act (FICA) tax purposes.**

***I acknowledge*** that I have received and reviewed the Town of Bellingham's Domestic Violence, Harassment, EEO/AA, and Employment Leave to Address an Abusive Situation Policies ***by initialing the following:***

**Dom. Vio.** \_\_\_\_\_ **Harassment** \_\_\_\_\_ **EEO/AA** \_\_\_\_\_ **Employment Leave (A.A.S.)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please return this application to the Bellingham Senior Center 40 Blackstone Street, Bellingham 02019*

**FOR OFFICE USE ONLY**

Referral to: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Disposition: \_\_\_\_\_

If position declined, indicate reason: \_\_\_\_\_

Interviewed by: \_\_\_\_\_