

Application for FY'17

Date _____

~CONFIDENTIAL~

APPLICATION FOR PROPERTY TAX WORK OFF ABATEMENT PROGRAM

Name of applicant _____

Address _____

Phone numbers (home and cell) _____

Birth date _____ Email _____

The Adult Center/Council on Aging is mandated by state law to do a CORI (criminal background check) on any person who works with seniors.

INCOME INFORMATION (REQUIRED) All information is kept strictly confidential and not shared with any other department. Please check appropriate category indicating your **gross household income from all sources** (i.e., employment, social security, IRA/other, interest income, etc.). Verification of income **must be attached** to application (examples: social security annual award letter, bank statement with direct deposits, pages 1 & 2 of federal 2015 income tax return, etc). *Incomplete applications will be returned.* Please contact either the Adult Center Director or Social Worker if you have concerns filling out this section. If you do not wish to provide financial information, you will be placed in the "income above these guidelines" category, maximum credit allowed: \$725.

- | | |
|---|---|
| ___ up to \$33,126 / single - \$43,319 / couple | (Maximum credit limit allowed: \$1,000) |
| ___ up to \$44,168 / single - \$57,759 / couple | (Maximum credit limit allowed: \$ 925) |
| ___ up to \$57,000 / single - \$85,000 / couple | (Maximum credit limit allowed: \$ 825) |
| ___ income above these guidelines <i>or</i> I choose not to submit income information | (Maximum credit limit allowed: \$ 725) |

Do you have: a mortgage? ___ yes ___no reverse mortgage? ___ yes ___ no equity loan? ___yes ___ no
Please note unusual or extraordinary needs and/or expenses:

ADDITIONAL ELIGIBILITY REQUIREMENTS

- Homeowner or current spouse of homeowner? Yes _____ No _____
- If property is in a trust, etc., please explain

- Reside in property for which relief is requested? Yes _____ No _____
- Are you a Town of Sharon employee? * Yes _____ No _____
Department/position _____ Hours/week _____
- Do you serve on a Town Committee or Board member? * Yes _____ No _____
Board/committee & position _____

*Full time/other town employment or board appointments can affect your eligibility.

- Do you receive or qualify for any Town property tax exemptions or deferrals?
Yes – which one(s) _____ No _____
- Did you qualify for the Senior Circuit Breaker? Yes _____ No _____
- Are you a Veteran? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact person: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLACEMENT INFORMATION

What are your past experiences and types of skills? _____

With limited spaces in the program, please share with us any hobbies and/or interests you have that might help us in seeking or creating a position (continue on other side of page or attach paper if necessary).

Job placements may be available in a variety of Town departments. Indicate in which departments you would prefer to work, if possible. If you are aware of a need in a department or of a potential placement, please inform us as it may help with your (or another's) assignment.

- | | | |
|-----------------------------|--------------------|----------------------------|
| _____ Town Hall | _____ Adult Center | _____ Home Delivered Meals |
| _____ Schools | _____ Police | |
| _____ Library | _____ Fire | |
| _____ Dept. of Public Works | _____ Recreation | |
| _____ Other: _____ | | |

Note any special reason(s) for this request:

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.

As a participant in the Property Tax Work-Off Abatement Program, I understand that any abatement I earn will be applied to my Town of Sharon property tax bill the following year. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.

Signature _____ Date _____

FOR OFFICE USE ONLY

Referral to: _____ Date _____
_____ Date _____

Disposition: _____

If denied, indicate reason: _____

Interviewed by: _____

COA Social Worker