Sharon Adult Center / Council on Aging
219 Massapoag Avenue - Sharon, Massachusetts 02067
Phone: 781-784-8000 **Email: sharoncoa@townofsharon.org**

Application for FY'20 Date _____

~CONFIDENTIAL~
APPLICATION FOR PROPERTY TAX WORK OFF ABATEMENT PROGRAM

Please print all information:

Name of applicant _____

Address _____

Phone numbers (home and cell) _____

Birth date _____ Email (print)_____

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 **gross income from all persons living in the household and all sources** (i.e., employment, social security annual award letter, IRA/other, interest income, page 1 of Federal 2018income tax return, etc. Untaxed income such as social security and pensions are counted towards total income). Verification of **all income from all household residents must be attached** to application. ***Incomplete applications will be returned***. Please note that providing financial information is mandatory to determine your eligibility in the Property Tax Work Off Abatement Program.

___ $61,916 maximum total household income (Maximum credit limit allowed: $ 1,500 – 125 hours)
___ $88,000 maximum total household income (Maximum credit limit allowed: $ 750 – 63 hours)

ADDITIONAL ELIGIBILITY REQUIREMENTS

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

  _____

- Are you a Town of Sharon employee, Committee or Board member?
  Yes _____ No _____

  Department/position _____

Current town employees/Committee members/Board members cannot participate in this program without first obtaining a waiver from the MA State Ethics Commission to G.L. c268A, subsection 20(b), 20(c), or 20(d), whichever subsection is applicable.

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

_____

COA Social Worker