

SHARON ADULT CENTER & COUNCIL ON AGING
219 Massapoag Ave. Sharon, MA 02067 781-784-8000

Application for FY _____
Date _____

CONFIDENTIAL APPLICATION FOR PROPERTY TAX WORK OFF PROGRAM

Name of applicant _____
Address _____
Phone #s _____ Birth date _____
E-mail _____

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

INCOME

While not mandatory, this information may be needed to assist in placement should there be insufficient space in the program. All answers are strictly confidential.

Please check appropriate category:

- _____ up to \$8,500/ single or \$16,500/couple
- _____ up to \$20,069/single or \$28,399/couple
- _____ up to \$36,429/single or \$44,041/couple
- _____ up to \$41,000/single or \$51,000/head of household or \$61,000/couple
- _____ income above these guidelines

Are there any other unusual or extraordinary needs or expenses? _____

ELIGIBILITY REQUIREMENTS

Over 60 or disabled?	Yes _____	No _____
Homeowner or current spouse of homeowner?*	Yes _____	No _____
Sharon 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: _____
Home Phone: _____ Work 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. _____

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

- | | |
|-----------------------------|---------------------|
| _____ Town Hall | _____ Senior Center |
| _____ 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 Program, I understand that I may earn a maximum of \$750 credit to be applied to my Town of Sharon property tax bill in the fall of 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 _____
Disposition: _____	Date _____
If denied, indicate reason: _____	
Interviewed by: _____	
_____ COA Executive Director	