



Town of Holbrook

50 N FRANKLIN ST, HOLBROOK, MA 02343 / Telephone: 781-767-4315 Fax: 781-767-9560

TOWN OF HOLBROOK SENIOR CITIZEN TAX WORK-OFF ABATEMENT PROGRAM APPLICATION 2020

NAME _____ TELEPHONE _____

SOCIAL SECURITY NUMBER _____ DOB _____

HOME ADDRESS _____

OWNER _____ TRUSTEE _____ SPOUSE _____

Eligibility:

- 60 years of age or older.**
- Domiciled in Holbrook, MA.**
- Homeowner or trustee or spouse of same.**
- Residing at property for which tax relief sought.**
- Not currently working in any capacity as a Board Member or Employee of the Town of Holbrook.**

Income limitations:

\$30,000.00 Individual.

\$45,000.00 per household

Only one tax credit per household may be given.

If you meet all the requirements, please complete the following application.

Section I: Tax Information

Attestation: I am 60 years of age or older. _____

Attestation: I am domiciled at the street address entered above. _____

Attestation: Attached is a copy of my 2018 Income tax filing. _____

Attestation: I am not currently working in any capacity as a Board Member or Employee of the Town of Holbrook _____

Section II: Work Placement

Do you have any medical restrictions, which might affect the type of work you do?

Please list past work & volunteer experiences as well as types of skills, which would qualify you for a particular volunteer opening:

If I am accepted for the Tax Credit Program, I understand that I may work for a maximum credit of \$500 per year at a rate of the state minimum wage (currently \$12.75) per hour, and that this tax credit can only be applied toward my Town of Holbrook real estate tax bill.

Signature _____ Date _____

* The Town of Holbrook reserves the right to discontinue a volunteer’s participation in the program if the Town deems the volunteer’s participation to be nonbeneficial to the volunteer, the program or the Town.

FOR OFFICE USE ONLY

Section III: Disposition of application

Interviewed on _____

Eligible _____

Ineligible _____

Placement _____

Waiting List for _____

Signature _____

(THIS FORM MUST BE RECEIVED, REVIEWED AND AUTHORIZED PRIOR TO THE APPLICANT STARTING THEIR ABATEMENT WORK-OFF)