# 2022 Swampscott Senior/Veteran Property Tax Work-Off Application

Name:Telephone #:				
Address:		Email:		
residents who can	assist with year-rou	nd or one-off specia	own of Swampscott De I project needs. In retu bill. The purpose of this	irn, senior and
payment of <ul><li>To increase</li></ul>	a portion of their pro senior/veteran resid	perty taxes dent involvement in I	who will apply their eact ocal government resident senior/veteran	·
household (105.25 Income Tax, but is Tax and OBRA. Th	hours) during the fis- considered taxable le credit will be appli	cal year. The credit e income by the IRS a ied to participants Q	vard a maximum credit earned is exempt from and subject to Federal 3 2022 property tax bi 22 to allow time for p	Massachusetts Tax, Medicare Il which is sent
Please answer the	e following question	ns:		
REQUIREMENTS:  Are you age 60 or older?  Are you a veteran?  Are you a homeowner in Swamps  Do you occupy your property in S			Y N	
EXPERIENCE and	IPLACEMENT:			
	eeds of Town depar		pt to match the skills a cate below all the area	
☐ Record filing	☐ Data entry	☐ Clerical Wor	k 🗀 Light outdo	oor work
☐ Library aides	☐ Computer cl	lerical skills	□ *Classroom volunte	ers
☐ General Labor	☐ Cleaning	☐ Gardening	□ Painting	
☐ Broadcast Board	l Meetings  □ Cable	Announcements	□ *Sr. Center	
□ *School Extende	ed Day Helpers	□ *School Lun	ch Helpers	
*CORI reports may b	e required for certain p	positions.		

DEPARTMENT:
Is there a particular Department within which you are interested in working?
PAST EXPERIENCE & SKILLS:
If you can, please describe below, past job or volunteer experience that might qualify you for this Program. List any skills that you think might be helpful, such as computers, typing, phone work, data entry, customer relations, light maintenance, gardening, engineering, electrical, or mechanical, etc. You may also list your personal interest and hobbies.
<del>,</del>

#### **APPLICATION PROCESS:**

- Applications will be accepted until all slots are filled.
- Completed applications must be returned to the:

Senior/Veteran Tax Work-Off Program c/o Town Administrator's Office 22 Monument Avenue Swampscott, MA 01907

Email: workoffprogram@swampscottma.gov

Phone: 781-596-8850 x 1226

- Please attach a copy of your Property Tax Bill with this application.
- All applications will be reviewed to determine whether the applicant's skills and interests
  match the needs of any Town departments. Jobs will be offered based upon eligibility,
  qualifications meeting departments' needs, and availability on the times and days
  needed (including providing for one's own transportation). We are an equal opportunity
  employer.
- Applicants may be invited to one or more interviews to confirm their qualifications.
- All applicants will be notified of their standing in the program as soon as a decision has been made regarding their individual application.

- The applications of senior citizens or veterans who are not initially hired will be maintained and may be reviewed again later in the program-year to determine whether a job opportunity has developed.
- Individuals who need an accommodation in order to participate in this process should contact the Senior/Veteran Tax Work-Off Program at workoffprogram@swampscottma.gov or 781-596-8850 x 1226
- In the event that there are more applications than there are funds available, applications
  will be pre-screened for placement and those applications will then be subject to a lottery
  process for final acceptance.
- All appointments will be made by the Town Administrator.

#### Please read the following statements. If you agree, please sign below and enter the date:

I understand that I will receive up to \$1,500 to be applied against my Town of Swampscott Residential Property Tax. As a volunteer for the Town of Swampscott, I agree to abide by all the Town's rules and regulations. I understand I am responsible for keeping current on my property taxes throughout the year and all interest/fees on late taxes still apply during my participation in the program.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this application and all accompanying documents and statements are true, correct and complete.

Signature:				
Date:				

For other information about additional tax abatement programs for veterans and seniors, please call 781-596-8850.

## SWAMPSCOTT SENIOR/VETERAN WORK-OFF PROGRAM TOTAL TAX REDUCTION AGREEMENT

<i>I</i> ,	, hereby	understand	with	my
participation in the Senior/Veteran Work-Off Program,	, the credit	s I earn will i	be app	olied
only to my property tax bill and no refund checks will	be issued	. In the event	that v	vork
credits earned and future exemptions or abatements	that may	be applied e	xceed	the
fiscal year tax bill, the work-off program credits will be	reduced s	so as not to e	exceed	l the
fiscal year tax bill and the credits earned will be forfeite	ed and the	n considered	l volun	teer
work only.				
Partiainant Cignatura				
Participant Signature				
Date				

### SWAMPSCOTT SENIOR/VETERAN WORK-OFF PROGRAM INDEMNIFICATION HOLD HARMLESS AGREEMENT

I,,	do	hereby	consent	to	my
participation in the Town of Swampscott's Senior/Vete	ran V	Vork-Off <sub>I</sub>	orogram a	nd ag	gree
to forever release the Town of Swampscott, it's emp	loyee	s, agents	s, board n	nemb	ers,
volunteers and any and all individuals and organization	ns as	sisting or	participati	ng in	the
Senior/Veteran Work-Off Program from any and all clai	ms, ri	ghts of a	ction and c	ause	s of
action that may have arisen in the past, or may arise i	n the	future, d	irectly or i	ndire	ctly,
from personal injuries to myself or property resulting fro	m my	/ participa	ation in the	Tow	n of
Swampscott's Senior/Veteran Work-Off Program.					
I also affirm that I have read this Agreement and that	I una	lerstand t	he conten	ts of	this
form. I understand that my participation is voluntary as	nd the	at I am fre	ee to choo	se no	ot to
participate in said Senior/Veteran Work-Off Program. I	By sig	ning this	form, I aff	irm th	nat I
have decided to participate in the Town of Swamp	oscoti	's Senio	r/Veteran	Work	k-Off
Program as a volunteer to earn credit towards my real e	estate	property	tax bill for	the i	next
fiscal year with full knowledge that the Town of Swam	oscot	t will not	be liable to	any	one
for personal injuries and property damage that I may su	ıffer.				
Participant Signature					
Date					