2024 Swampscott Senior/Veteran Property Tax Work-Off Application

Name:		Telephone #:	**
Address:		Email:	**
Note *** Email and l	Phone are required		
residents who can a	assist with year-roun		wampscott Departments with needs. In return, Senior and purpose of this program is:
payment of a To increase	a portion of their propsensions		
nousehold (133.5 honcome Tax, but is of Fax and OBRA. The	ours) during the fisca considered taxable i e credit will be appli	al year. The credit earned is ncome by the IRS and subject ad to participants Q3 2024 p	aximum credit of \$2,000 per exempt from Massachusetts ect to Federal Tax, Medicare property tax bill which is sent ow time for processing and
Please answer the	following question	ıs:	
Are you a ve Are you a ho	60 or older? eteran? omeowner in Swamp apy your property in S	oscott?	' N
EXPERIENCE and	PLACEMENT:		
	eds of Town depart		tch the skills and interests of w all the areas in which you
☐ Record filing	☐ Data entry	☐ Clerical Work	☐ Light outdoor work
⊒ Library aides	☐ Computer cle	erical skills	sroom volunteers
⊒ General Labor	☐ Cleaning	☐ Gardening ☐	Painting
⊒ Broadcast Board	Meetings Cable A	Announcements ☐ *Sr. C	enter
⊐ *School Extende	d Day Helpers	☐ *School Lunch Helpe	ers

*CORI reports may be required for certain 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. <u>List any skills</u> 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.

APPLICATION PROCESS:

- Applications will be accepted immediately. Anyone working in the schools or Senior Center
 must also complete a CORI. If you have never worked in the program, please let me know
 and I will send you the tax forms that need to be completed. ALL APPLICANTS MUST
 APPLY EACH YEAR.
- 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.
- We will try and find opportunities for all applicants, but there is no guarantee for participants.
- Communication will be via email so please make sure you provide an email address.

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

I understand that I will receive up to \$2,000 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 l	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	xceed	the
fiscal year tax bill and the credits earned will be forfeit	ted and the	en considered	l volun	teer
work only.				
Participant Signature				
Farticipant Signature				
Date				

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

I,, do hereby consent to m
participation in the Town of Swampscott's Senior/Veteran Work-Off program and agre
to forever release the Town of Swampscott, it's employees, agents, board members
volunteers and any and all individuals and organizations assisting or participating in th
Senior/Veteran Work-Off Program from any and all claims, rights of action and causes of
action that may have arisen in the past, or may arise in the future, directly or indirectly
from personal injuries to myself or property resulting from my participation in the Town of
Swampscott's Senior/Veteran Work-Off Program.
I also affirm that I have read this Agreement and that I understand the contents of the form. I understand that my participation is voluntary and that I am free to choose not to participate in said Senior/Veteran Work-Off Program. By signing this form, I affirm that
have decided to participate in the Town of Swampscott's Senior/Veteran Work-0
Program as a volunteer to earn credit towards my real estate property tax bill for the nex
fiscal year with full knowledge that the Town of Swampscott will not be liable to anyon
for personal injuries and property damage that I may suffer.
Participant Signature
Date