

## **SENIOR PROPERTY TAX WORK-OFF PROGRAM**

The Senior Property Tax Work Off Program amount is \$1,500.00.

Application packets will be available at the Brockton Council on Aging and on the City's web page on October 1, 2024.

A Tax Work Off participant will be credited a maximum of \$1,500.00 per household, which will be applied directly to their real estate tax bill.

### **To be eligible, you must meet the following requirements:**

- Must be 60 or older
- No income limits
- Must own and occupy residential property in Brockton for at least 5 years
- Only 1 member of the household is allowed to participate

### **All applications and supporting documents must be returned to the Council on Aging no later than October 31st.**

Applications received after October 31st will not be considered. Your application will not be considered complete if any supporting documents are missing.

**ATTENTION: The number of available placements is limited. Note that placements are not guaranteed for all applicants.**

**If you have any questions, you may contact Lauren at 508-580-7811**

#### **Job locations will be:**

- School Department
- Council on Aging
- DPW
- Libraries
- And other locations!

# Senior Property Tax Work-Off Application

## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit # Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work-off filing status: \_\_\_\_\_ Individual \_\_\_\_\_ Married

Email (if any): \_\_\_\_\_ Primary Language: \_\_\_\_\_

Are you a veteran?..... YES NO

Are you a City of Brockton employee?..... YES NO

Do you serve on a City of Brockton board or committee?..... YES NO

## Eligibility Information

Are you 60 years of age or older?..... YES NO

Are you legally authorized to work in the US? YES NO

Do you own and occupy the above property as your principal residence for the past 5 years?..... YES\* NO

*\*If YES, and if the property is held in trust, please submit a copy of the trust and schedule of beneficiaries.*

## Required Documents

To be considered for the Senior Property Tax Work-Off Program, you must submit all of the following documents, if applicable. Please check the box next to the documents you include with your application.

- Proof of Age:** This may be a copy of your birth certificate, passport, or driver's license.
- Mortgage Statement:** Statement for the principal residential property in Brockton.
- Copy of Trust and Schedule of Beneficiaries:** If your principal residence is held in a trust, you must provide a copy of the trust and the schedule of beneficiaries.
- Copy of Current Property Tax Bill**

## Signature

In considering my application for the Senior Property Tax Work-Off program, I authorize the Brockton Council on Aging to make any inquiries to any party regarding my eligibility. Under the pains of perjury, I declare that the above information is accurate, correct, and complete to the best of my knowledge and belief.

I understand that I may receive up to \$1500.00 to be applied against my City of Brockton residential property tax. As a volunteer for the City of Brockton, I agree to comply with the City's rules and regulations regarding my voluntary placement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Applying does not guarantee acceptance into the program.**

# Senior Property Tax Work-Off Program

The Senior Property Tax Work-Off Program offers qualified senior homeowners the opportunity to volunteer with the City of Brockton in exchange for a property tax bill reduction of up to \$1500.00 per fiscal year. Positions are available at the Council on Aging, Brockton Public Schools, Brockton Public Libraries, and other municipal offices in Brockton.

*The city of Brockton will issue a "W2" form for federal income tax purposes only.*

## Program Qualification Criteria

<b>Age</b>	You must be age 60 or older
<b>Residency</b>	You must own and occupy residential property in Brockton for at least five (5) years.
<b>Property</b>	You must own and occupy your property as a principal residence. If the property is subject to a trust, you must have legal title (be one of the trustees and a beneficiary).

## How to Apply

Contact the Brockton Council on Aging for an application if you meet the program requirements.

**CALL: 508-580-7811**

**EMAIL: [jfitzgerald@cobma.us](mailto:jfitzgerald@cobma.us)**

**WEBSITE: <https://brockton.ma.us/>**

## What to Submit

Applicants **MUST** provide the following information to meet the program qualification criteria outlined above:

- Proof of Age (e.g., Birth Certificate, Passport or Driver's License)
- Mortgage statement
- Most recent property tax bill
- The Brockton Council on Aging must do a CORI (criminal background check) on all volunteers.

# Emergency Contact Information

## Information of Volunteer

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit # Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Placement Information

What are your past experiences and types of skills? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate which department you would prefer to work

- \_\_\_\_\_ Council on Aging  
\_\_\_\_\_ DPW  
\_\_\_\_\_ Library  
\_\_\_\_\_ Schools

What days and times are you available to work?  
*Please put hours next to the days you are available to work*

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office use only

Date application received: \_\_\_\_\_  
CORI signed: \_\_\_\_\_  
Interview scheduled: \_\_\_\_\_  
Reviewed by COA Director: \_\_\_\_\_  
Reviewed by Personnel Director: \_\_\_\_\_  
Approved or Denied: \_\_\_\_\_  
Lottery number assigned: \_\_\_\_\_

**CITY OF BROCKTON**  
**SENIOR PROPERTY TAX WORK-OFF PROGRAM**  
**RELEASE**

In consideration of the city of Brockton offering a program under which seniors may perform services for the city in consideration of credits to their property tax bill, in which I may participate,

I \_\_\_\_\_  
(name of applicant)

of \_\_\_\_\_, Brockton, MA:  
(Address)

- a. I hereby agree to release the city and its agents and employees from any claims and suits or causes of action that I may have for personal injury or property damage that I may directly or indirectly suffer due to participating in the above-referenced program.
- b. I hereby expressly agree to indemnify and hold harmless the city and its agents and employees from any and all loss, damage, or expense, including court costs and attorney fees, which they or any of them suffer as a result of the filing of a civil action against the city or their employees, by me or anyone on behalf of me or my estate in any way arising from the above-referenced program.
- c. I agree that prior to participating in the program, I will take and satisfactorily complete any tutorial, training or orientation that the city may require.
- d. I hereby represent that I am in satisfactory physical condition and fit to participate in the program. If required to do so by the city, I shall complete, in a manner deemed satisfactory to the city, any necessary medical questionnaire before participating in the program.
- e. I agree to complete a CORI form.
- f. I understand and acknowledge that this is a legally binding agreement that addresses important legal rights and that I enter into such agreement of my own free will, with a clear mind and adequate capacity to understand and appreciate its terms and conditions.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_