

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 select the box next to the documents you are including 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 all applicable City 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 provide volunteer services to the City of Brockton in exchange for a property tax bill reduction of up to \$1500.00 per fiscal year. Positions are available at City Hall, Brockton Public Schools, Brockton Community Access Cable, 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

Age	You must be age 60 or older
Residency	You must own and occupy residential property in Brockton for at least five (5) years.
Property	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 to obtain an application if you believe you meet the program requirements.

CALL: 508-580-7811

EMAIL: 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 emergency contact

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
- _____ Mayor's Office
- _____ City Hall/Greeter
- _____ Library
- _____ Schools
- _____ Brockton Community Access (Cable)

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. hereby agree to release the city and its agents and employees from any and all claims and suits or causes of action which I may have for personal injury or property damage which I may directly or indirectly suffer as a result of participating in the above-referenced program.
- b. 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 before 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 am fit enough 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 essential 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: _____