

Town Of Southborough Senior Tax Work Off Program

Name: _____

Address: _____

Phone: _____ E-mail: _____

Are you age 60 or over?: Yes _____

Are you a Southborough resident?: Yes _____

Do you own and occupy the property to which the tax credit will apply? YES _____

Is your income over \$45,000 _____

If income is under \$45,000 please include copies of documents listed below: #2 and #3.

If income is over \$45,000 disregard #2 and #3.

Please include the following items in a sealed envelope:

1. Tax Work Off Program Application
2. Copy of the most recent tax bill to be rebated
3. Proof of income from Social Security, pensions, investment income
4. W-4 form
5. OBRA Form

Please state past experience and interests: _____

Indicate preference in type of work or specific department: _____

Please list any special accommodations you might need to complete your assignment _____

What hours are you available to work? Please note what days or seasons that you are not available to work.

Have you participated in this program in the past? _____ If yes, what department and if possible would you like to be placed in that department this year?

Are you currently employed by the town of Southboro or serving on any town board or committee? _____. If you do wish to do so while currently on the tax work off program you must speak to the Senior Center Director first as this may effect your participation in the program.

Signature of applicant: _____ Date _____