



TOWN OF CARVER SENIOR CITIZEN TAX CREDIT WORK PROGRAM

APPLICATION – FY2016

Name of Applicant		
Street Address		Apartment /Unit #
Town	State	Zip Code
Home Telephone # ()		Social Security # --- ---
Mailing Address (if different from street address)		
Town	State	Zip Code

Eligibility Requirements: *All questions must be answered 'yes' to qualify*

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you 60 years of age or older as of July 1, 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a homeowner in Carver? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your name appear on the title of the property you listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you reside at the property for which your rebate is requested? | <input type="checkbox"/> | <input type="checkbox"/> |

A CORI background check is required of all participants.

Restrictions/Qualifications:

- Seniors who have not yet participated in the tax credit program, or who did not participate in the Fiscal Year 2015 will receive preference over previous participants.
- Only one member per household whose name is listed on the title is eligible for participation each year. For example, only one spouse is eligible to participate in the Fiscal Year 2016 program.

(OVER)

Placement Preferences: *Please check off all areas of interest*

- | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|
| Town Hall (Clerical) | <input type="checkbox"/> | School Department* (Clerical) | <input type="checkbox"/> |
| Library* (varies) | <input type="checkbox"/> | School Department* (Reading Program) | <input type="checkbox"/> |
| Police Department (Clerical) | <input type="checkbox"/> | Fire Department (Clerical/Custodial) | <input type="checkbox"/> |
| Council on Aging* (varies) | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

Experience: Please describe your skills and past experience that would assist us in placing you in the appropriate position. Include any physical limitation which would cause you to be unable to perform certain tasks (i.e. – answering phones, filing, etc.)

If I qualify for this program, I understand that earnings will not exceed \$600, which will be issued in the form of an abatement on my property tax bill. I also understand that as a result of a change in state law, credits earned are not subject to state taxes but are still taxable on my federal income tax return.

Signature: _____ Date: _____

**PLEASE RETURN THIS APPLICATION BY
October 1, 2015**

Assessors Office
Town Hall, 108 Main Street
Carver, MA 02330

FOR OFFICIAL USE ONLY

Application received on: _____

Application received by: _____

Application Number Assigned

ASSIGNED DEPARTMENT: _____

POSITION ASSIGNED: _____