



Town of Halifax
Council on Aging
Commonwealth of Massachusetts

506 Plymouth Street, Halifax, MA 02338
Office: (781) 293-7313 Fax: (781) 293-1774



Darlene Regan, M.A.
Director

Late applications will not be accepted.

FY2024 SENIOR TAX WORK-OFF PROGRAM APPLICATION

*Applications must be returned or postmarked by **August 3, 2023** to
Darlene Regan, COA Director, 506 Plymouth Street, Halifax, MA 02338.*

First Name: _____ Last Name: _____ Middle Name: _____

Address: _____ Town: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Birth Date: ____ / ____ / ____

E-Mail Address: _____

ELIGIBILITY (Please check YES or NO)		YES	NO
Age 60 on or before 7/1/2023?			
Homeowner or current spouse reside at property for which an abatement is requested?			
Copy of current tax bill attached?			
Is your property tax being deferred?			
Is your property tax in a trust?			
If yes, what is the name of the trust?			
	If yes, are you a trustee of the trust?		
	If yes, copy of trust documents attached?		

Note: If you are not a trustee of the trust, you are not eligible to participate in this program.

Income Information Required: All information is kept strictly confidential and not shared with any other department.

Verification of income must be attached to application (social security annual award letter, bank statement with direct deposits, pages 1 & 2 of federal 2022 income tax return, etc.). Incomplete applications will be returned.

As of July 1, 2023, annual income must be under \$35,582 for an Individual; and \$53,370 for Married Couple (which includes cost of living adjustment). Assets: Savings, Checking, Cars, Vacation Home(s), IRA stocks, Mutual Funds, and Pensions, (*not including value of the house*): **Single: \$53, 513; Married: \$73,583** [Income and asset limits may change.]

Education: Please include schools attended, degrees received, special certifications earned (Are you a CPA, certified teacher, do you have a CDL license, etc.).

Past Work Experience and Skills: Please describe past work experiences that might assist us with your Job placement. Include any special skills you may have?

Interests, Volunteer/Community Service: Please indicate special interests, hobbies, community service, Offices you have held, etc. that you feel may be helpful in determining your work placement.

Interested job(s): _____

Emergency Contact Information

Full Name: _____ Relationship: _____ Cell Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____ Full Address: _____

Do you have any restrictions or needs which may affect any position – i.e., physical requirements, Seasonal, schedule, hours of day (duration and/ or number of hours), frequency, etc.? Explain please.

Agreement: *As a participant in the Property Tax Work-Off Abatement Program, I understand that any Abatement I earn will be applied to my Town of Halifax property tax bill the following year. Hours must be completed by February 1, 2024. I also agree not to hold the town liable for any problems incurred While participating in this program. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.*

I do not have any medical condition which would interfere with my ability to perform duties of the Position(s) in which I have indicated an interest.

Signature _____ Date _____