

Town of Berlin
Senior/Veteran Property Tax Work-off
Abatement Program

Program Application Form

Work to be completed between July 1 – June 30

Abatement for hours worked will be applied to the next FY Tax bill

Return completed form to: COA Town of Berlin, 23 Linden St., Berlin, MA

Part 1 Applicant Eligibility

Name of Applicant: _____ Date of Birth: _____

Address: _____ Mailing Address: _____

Phone #: _____ E-Mail Address: _____

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|---|---------------------------------------|
| 1) Are you age 60 or older ? | _____ |
| 2) Have you lived in Berlin for the last 5 years? | _____ |
| 3) Is this your primary residence? | _____ |
| 4) Are you the sole owner of this property? | Yes _____ If not, name co-owner _____ |
| 5) Are you a US Military Veteran? | _____ Branch of Service: _____ |

Please attach a copy of your current tax bill.

Part 2 Medical and Physical Restrictions

Please indicate and explain any restrictions which may keep you from performing certain types of work.

Part 3 Commitment, Availability and Work Hours

I am able to commit to working a total amount of hours in the fiscal year of:

_____ 125 Hours (max. allowed). Calculated on Massachusetts Minimum Wage for the time period.

_____ 75 Hours. Calculated on Massachusetts Minimum Wage for the time period.

_____ 50 Hours. Calculated on Massachusetts Minimum Wage for the time period.

Please indicate which weekdays and hours you are available to work or any schedule issues. Please also use this part to indicate if you have transportation or issues which affect your ability to work at certain times.

Part 4 Your Qualifications, Skills and Experience:

Please explain in detail your knowledge, skills, abilities and experience that demonstrate your qualifications to work in available positions. Attach your work history or resume. List any skills or work experience that you have that would be helpful such as data entry, gardening, grounds-keeping, building maintenance, mechanical, computer skills, or relevant hobbies, etc. We will use this information to match you to a job or need of the town!

Part 5 Areas of Interest

Please indicate if there is any particular department you would like to work in and why.

Part 6 Disclaimer and Signature

I, the undersigned, certify that all above information provided is accurate and true to the best of my knowledge and that I understand the eligibility requirements and guidelines of the program and if approved for participation:

- a. I am responsible to immediately notify program administrators in writing of any changes affecting my eligibility.
- b. I will be notified of my acceptance and work assignments.
- c. I must turn in signed timesheets to the COA Administrator by the 5th of each month for hours worked in the previous month. All hours must be completed, approved and submitted to the COA Administrator by the time needed to process abatement for the next FY Real Estate taxes.

Signature of Applicant

Date

Part 7 Application Disposition

L of eligibility by the Board of Assessors (this does not guarantee program participation):

____ Approved ____ Denied Signature _____ Date _____

Selection for Participation by Personnel:

____ Approved ____ Denied Signature _____ Date _____