

THE COMMONWEALTH OF MASSACHUSETTS

FY2017 WELLESLEY APPLICATION FOR SENIOR WORK-OFF PROGRAM

General Laws Chapter 59, Section 5k

ASSESSORS USE ONLY

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Wellesley	MA
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Must be filed with Board of Assessors on or before December 15 or three months after actual (not preliminary) tax bills are mailed for fiscal year, if later

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (see General Laws Chapter 59, Section 60)

INSTRUCTIONS:

**Please review and make any corrections to this form as soon as possible.
Fill in all shaded areas and verify their accuracy.
Sign on reverse.**

If you are unable to return this form now, remember that it must be filed with the Board of Assessors within three months of the date of mailing of the actual real estate tax bill. The Assessors anticipate mailing the actual fiscal year 2017 real estate tax bills sometime in December 2016.

A. IDENTIFICATION.

Name of Applicant: <input style="background-color: #cccccc;" type="text"/>	Telephone No.: <input style="background-color: #cccccc;" type="text"/>
Legal Residence (domicile) on July 1: <input style="background-color: #cccccc;" type="text"/>	Date of Birth: <input style="background-color: #cccccc;" type="text"/>
Mailing Address (if different): <input style="background-color: #cccccc;" type="text"/>	Marital Status: <input style="background-color: #cccccc;" type="text"/>
Location of property: <input style="background-color: #cccccc;" type="text"/>	
Did you own the property on July 1? <input style="background-color: #cccccc;" type="checkbox"/>	
If yes, were you	
Sole Owner? <input style="background-color: #cccccc;" type="checkbox"/>	Co-owner Spouse? <input style="background-color: #cccccc;" type="checkbox"/>
	Co-owner with others? <input style="background-color: #cccccc;" type="checkbox"/>
Was the property subject to a trust as of July 1? <input style="background-color: #cccccc;" type="checkbox"/>	
(If yes, attach trust instrument including all schedules)	
Have you been granted any exemption in any other city or town for this year? <input style="background-color: #cccccc;" type="checkbox"/>	
If yes, name of city or town: <input style="background-color: #cccccc;" type="text"/>	Amount exempted: <input style="background-color: #cccccc;" type="text"/>

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

B. EXEMPTION STATUS.

Have you owned and occupied the property as your domicile for at least 5 years?

If no, list the other properties you owned and / or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____

C. GROSS RECEIPTS (ALL INCOME TAXABLE AND NON-TAXABLE) FROM PRECEDING CALENDAR YEAR.

A copy of your 2015 federal tax return is requested to verify your income.

	APPLICANT AND SPOUSE	CO-OWNER(S) AND SPOUSE
Retirement benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Other pensions and retirement allowances	\$ _____	\$ _____
Wages, salaries and other compensation	\$ _____	\$ _____
Net profits from business or profession	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Other (rental income, capital gains, alimony, etc.)	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

D. SIGNATURE/DISCLAIMER. Sign here to complete the application.

This application has been prepared or examined by me. Under pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

I have read and understand the rules and regulations of the Senior Work-Off Program. I agree to follow the rules and regulations of this program and understand that if I do not adhere to the rules and regulations, my participation in the program may be terminated.

I agree to hold harmless the Town of Wellesley and any of their representatives, for any loss of any type whatsoever, as a result of voluntary program participation.

_____ Your signature	_____ Date
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayer(s).



TOWN OF WELLESLEY
SENIOR WORK-OFF PROGRAM
RULES & REGULATIONS FOR FISCAL YEAR 2016

1. The applicant(s) must meet all eligibility requirements as outlined in the current *Tax Relief Programs* brochure.
 - a. Applicant must be age 60 by July 1, 2015.
 - b. Property must be owner-occupied
 - c. All income (taxable and non-taxable) must be within the Fiscal Year 2014 guidelines:

<u>Marital Status</u>	<u>FY16 Gross Income Limit</u>	<u>FY16 Gross Income Limit if Receiving Social Security</u>
Single	\$36,933	\$41,455
Married	\$55,399	\$62,183

2. The application must be submitted annually, along with income verification (2014 income tax return), to the Assessors' office.
3. Placement referrals by the Council on Aging (COA) are made based on the applicant's skills, preferences, and the needs/availability of jobs within the town.
4. Applicants have the right to refuse placement or defer placement pending the possibility of other opportunities. However, there is no guarantee that other positions will become available.
5. Once a person is placed in a position, that person will report to the appropriate department head or designated supervisor. The department head/supervisor will assign all duties and evaluate job performance.
6. The policy of the Town of Wellesley is to achieve equal opportunity in employment and selection:
 - a. By the recruitment and consideration of applicants without regard to factors unrelated to ability to perform the requirements of the job such as race, creed, color, sex, age, national origin, disability, veteran's status, or sexual orientation.
 - b. By the employment of individuals who meet the physical and mental requirements, with reasonable accommodation, and who have the education, training and experience, established and necessary for the performance of the job, without regard to race, creed, color, sex, age, national origin, disability, veteran's status, sexual orientation, or other factors unrelated to ability to perform the requirements of the job.
7. Hours are accumulated from July 1st through June 30th each year. The number of hours worked is determined by the needs of the department. However, service may be terminated sooner at the discretion of the department head, provided that seven (7) days written notice of termination is given to or mailed to the residential address of the participant.
8. For fiscal year 2016, applicants may work a maximum of 111 hours (\$1,000 tax credit divided by minimum wage on July 1, 2015 of \$9.00). The property tax credit will be applied to the fiscal year real estate tax bill in which the service was performed.
9. Participants are expected to perform his or her services in a timely, responsible, and satisfactory manner, as evaluated by the department head.
10. Participants are not considered employees of the Town of Wellesley and are not eligible for benefits under the town employee benefit schedule.
11. Participants must have or arrange their own transportation. Council on Aging staff can provide information on local transportation options, but it is the responsibility of the participant to arrange their own transportation.
12. Applicants must be CORI (Criminal Offense Record Inquiry) checked where applicable.
13. New qualified applicants will have preference each year.