

COMMONWEALTH OF MASSACHUSETTS

# FY2026 WELLESLEY APPLICATION FOR SENIOR WORK-OFF PROGRAM

General Laws Chapter 59, Section 5k

ASSESSORS USE ONLY

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

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,  
sign on reverse and attach your 2024 federal tax returns.**

**Applications must be received by April 1, 2026.**

**A. IDENTIFICATION.**

Name of Applicant: [REDACTED]

Telephone No.: [REDACTED]

Legal Residence (domicile) on July 1: [REDACTED]

Date of Birth: [REDACTED]

Mailing Address (if different): [REDACTED]

Marital Status: [REDACTED]

Location of property: [REDACTED]

Did you own the property on July 1? [REDACTED]

If yes, were you

Sole Owner? [REDACTED]

Co-owner Spouse? [REDACTED]

Co-owner with others? [REDACTED]

Was the property subject to a trust as of July 1? [REDACTED]

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? [REDACTED]

If yes, name of city or town: [REDACTED]

Amount exempted: [REDACTED]

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 2024 federal tax return is requested to verify your income.**

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.)

**APPLICANT  
AND SPOUSE**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**CO-OWNER(S)  
AND SPOUSE**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**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

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