OFFICE OF THE TOWN MANAGER
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

RICHARD A. MONTUORI
TOWN MANAGER

(978) 640-4300
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July 2014

RE: Senior Citizen Property Tax Work Off Program

Dear Applicant,

Thank you for expressing an interest in the Town of Tewksbury's Senior Citizen Property Tax Work Off Program. Enclosed in this packet you will find the program outline, the application, and a CORI request form.

A brief outline of the various tasks needed is as follows:

- Data Entry
- Filing/Shredding
- Answering Phones
- Shelving Books/Materials
- Cleaning
- Document Management
- Organization of files/office area
- Classroom aides and Library aides

Please complete the application and CORI request form and return them along with your most recent federal income tax forms to the Selectman's office located in the Town Hall. Applications must be received by August 1, 2014 in order to qualify for the program. Once all applications are received, the Town will determine if your skillset matches the needs of the departments.

NOTE: The maximum compensation is $1,000.00 but may be less based on department need and the amount of hours required to complete assigned tasks. The program will run from August 25, 2014 through June 1, 2015.

Sincerely,

Richard A. Montuori
Town Manager

Senior Citizen Property Tax Work Off Program
Town of Tewksbury

Program Goals

- Assist senior citizens with property tax bills.
- Increase involvement of senior citizens in municipal government and the school system.
- Acknowledge and affirm the skill and abilities of Tewksbury's elderly citizens and the community's continuing need for their services.
- Maximum rebate of $1,000 per fiscal year per household.
- Maximum number of compensated hours to be worked is 125 (valued at $8/hour) per year.

Eligibility Requirements

- Age 60 plus:
  Participants in this program must be 60 years of age or older at the time services are provided to the Town.
- Own and occupy the property for which Tewksbury taxes are paid and rebate requested: Homeowner or current spouse is the Home Owner domiciled and residing in Tewksbury; and be an owner of the property to which a reduction in real estate taxes may be granted. In the case of joint or multiple owners, only one person may be allowed to provide service, per fiscal year.
- Resident of Tewksbury.
- An application completed in the form accompanying these Rules and Regulations as Attachment A, shall be filed by a taxpayer seeking to participate in the program. Said application must be filed each year the applicant wishes to participate in the Senior Citizen Property Tax Work Off Program.
- A copy of the applicant's most recent federal income tax form shall be provided by an applicant. Priority consideration may be given to the applicant whose annual household income does not exceed $60,000.
- If an applicant is chosen and reapplies priority will be given to those applicants who had not yet participated. Since funds are limited the intent is to give as many Seniors as possible the opportunity to participate in the program.
- The administration of this program shall be under the direction of the Town Manager who may delegate selection and assignment of volunteers to another Department. These guidelines may be updated based upon changes in State Statute, Federal Regulations and what is in the best interest of the Town.

Job Opportunities

- Municipal and School departments, based upon individual department needs

Selection Process

- Applicant must meet eligibility requirements
- Applicant must have appropriate skills for position
- Applicant and Department Head must both agree there's an appropriate match
- Applicants are not guaranteed a position

Calculation of Tax Reduction

The hourly rate to be credited for service rendered to the Town shall be $8.00 per hour; the total per household for all participants shall not exceed $1,000.00 per fiscal year (125 hours).

Other Provisions

A. Treatment of Compensation: The amount of compensation the taxpayer receives under this program is considered income for purposes of state and federal income tax withholding, pension (OBRA) withholding, unemployment compensation and worker's compensation. Participants in this program agree to sign over payments, which will be applied to the participant's property tax bill.

B. Status of Senior Service Participants: Taxpayers performing services under this program are considered employees for purposes of municipal tort liability. Municipalities will therefore be liable for damages for injuries to third parties and for indemnification of the participant to the same extent as they are in the case of injuries caused by regular municipal employees.

C. Safety of Participants: For the mutual protection of the participant and the interests of the Town, no taxpayer shall be assigned to work for which he or she is not physically qualified. In case of doubt a doctor's certificate shall be obtained stating that the applicant is able to perform the duties to be assigned.

D. Payroll Processing: All applicants participating in this program should be directed to the Administrative Services Office to complete the necessary payroll and personnel forms. These forms are only completed the first time the individual participates in this program.

E. CORI Forms: Background checks are mandatory for all applicants and CORI forms must completed and signed by applicants.

ATTACHMENT A

Town of Tewksbury Massachusetts
Application for Senior Citizen Property Tax Work Off Program

Name of Applicant: _____

Telephone Number: (Home) _____ (Cell) _____

Address: _____

PART A:
Eligibility Requirements: Please answer all the following questions:

Over age 60	☐ Yes	☐ No
Homeowner or current spouse	☐ Yes	☐ No
Tewksbury resident	☐ Yes	☐ No
Reside in property listed above	☐ Yes	☐ No

PART B:
Please attach a copy of your most recent federal income tax return. All information shall be kept confidential by the Town. For personal security purposes, you may black-out your social security number.

PART C:
Have you participated in the Senior Tax Program with the Town of Tewksbury in the past? ☐ Yes ☐ No

Is yes, what year(s) did you work? _____

What location(s) did you work at? _____

What were your duties? _____

Would you be interested in working at that location again? ☐ Yes ☐ No

If no, please explain why: _____

PART D:
Availability: Please fill in the hours you are available to work for the Senior Tax Program.

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- Please note: those with more flexible schedules are likely to reach the maximum benefit allowed.

PART E:

Job placement would be available in a variety of town/school departments, please indicate in which areas you would like to work:

- ☐ Town Hall/Annex
- ☐ Senior Center
- ☐ Schools
- ☐ Library
- ☐ Other:
- ☐ Dept. of Public Works
- ☐ Fire
- ☐ Police
- ☐ No Preference

_____

Type of Work Interested In:

_____

PART F:
Please discuss past experience and types of skills which might qualify you as a participant in the program:

_____

_____

_____

Part G:
Do you have any medical restrictions we should know about? Please explain:

_____

_____

_____

If I qualify for the Senior Citizen Property Tax Work Off Program, I understand that I may earn a maximum of $1,000.00, which I agree to sign over to the Town to be applied to my real estate property tax bill.

_____ _____
Signature Date

ADMINISTRATIVE SERVICES

TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

GTWKHP

CORI REQUEST FORM

Tewksbury Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____
APPLICANT/EMPLOYEE SIGNATURE
(Unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER (Requested, not required) ID Theft Index PIN (if applicable)

_____
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

_____

_____

SEX: _____ HEIGHT: ____ft. ____in. WEIGHT:_____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ *(Include state of issue)*

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:_____.

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or fax to 617-660-4614.