

TOWN OF HOLLISTON
FISCAL YEAR _____
TAX WORK OFF PROGRAM
DEADLINE FOR SUBMISSION: NONE

Indicate which program you are applying for by checking the applicable line:

_____ Veterans

☐ Discharge Papers Attached

_____ Senior

INSTRUCTIONS: Complete all Sections.

A. IDENTIFICATION:

Name of Applicant: _____

Age of Applicant as of July 1: _____

Legal Residence on July 1: _____

Mailing Address (if different): _____

Location of Property: _____

Parcel Number (from Tax Bill): _____

Did you own the property on July 1? Yes No

 If yes, were you

 Sole Owner

 Co-Owner with Spouse Only

 Co-Owner with Other, Identify _____

Indicate the year in which you purchased your home: _____

Is the property location listed above your primary residence: YES NO

At the time of application do you reside in the home: YES NO

Was the property subject to a Trust as of July 1? Yes No

 If yes attach copy and list of beneficiaries.

Have you applied or do you intend to apply for any other Real Estate Tax Relief?

 Yes No

Have you received any Real Estate Tax Exemption for the property in prior years?

 Yes No

If yes, please list any of the past five years in which you received exemptions.

If you are a veteran, are you listed on the Town Census: Yes No

B. HOUSEHOLD:

SPOUSE NAME: _____ SPOUSE AGE: _____

Number of adults in Household (including yourself): _____

NUMBERS OF MINORS IN HOUSEHOLD: _____

Age of Household Residents and Relationship to Applicant: _____

C. HOUSEHOLD INCOME:

1. Do you qualify under the poverty income guidelines below: Yes No

Number in HouseholdIncome Guideline

1

Below \$11,170

2

Below \$15,130

3

Below \$19,090

4

Below \$23,050

5

Below \$27,010

2. Do you qualify under the Fuel Assistance guidelines below: Yes No

Number in HouseholdIncome Guideline

1

Below \$31,271

2

Below \$40,893

3

Below \$50,515

4

Below \$60,137

5

Below \$69,759

3. Do you qualify or have you qualified for state exemptions through the Board of Assessors on your real estate taxes: Yes No

Note: You may be asked to provide additional information regarding your income.

D. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the 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.

Your Signature

Date

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

Application

Approved

Denied

Date Voted: _____

SKILLS, ABILITIES AND INTERESTS:

Please list past employment experiences:

Please list any volunteer experiences, special hobbies or interests that you may have that could help us in making an appropriate placements.

Do you have physical limitations: Yes No If yes, please describe:

What is your level of ability in working with computers?_____

Are you proficient in Microsoft Products: If so, please indicate which products?

Do you have a valid driver's license? Yes No

Do you have transportation? Yes No

If I qualify for the Property Tax Work Off Program, I understand that I will work a maximum of 125 hours and that I will earn a maximum of \$1,000, that will be applied to my actual Town of Holliston Property Tax bill for the following calendar year. The hourly rate is the state minimum wage of \$8.00 per hour. I also understanding that I must complete employee paperwork at the Treasurer/Collector's Office and that I will receive a W2 for the income I earn.

Signature_____Date_____

Please return this form with your completed application.

APPLICATION PROCEDURE

Applications can be obtained at the Town Hall Offices of the Board of Assessors, Treasurer, Town Clerk, Library and Senior Center. Applications will be available by July 1 and must be submitted to the Treasurer/Collector's Office by close of business on November 1. The fiscal year runs from July 1 to June 30. Applications must be completed in full in order for the Committee to conduct a proper review. Applicants may be required to submit a copy of the latest federal income tax return and all applicable schedules with the application. **APPLICATION DEADLINE IS NOVEMBER 1.**

REVIEW PROCEDURE

Applications will be reviewed by the Treasurer/Collector, Town Administrator and/or Principal Assessor. Applications will be approved based upon eligibility requirements as stated in guidelines. The Committee reserves the right to request additional information to assist them in their decision making.

DISPOSITION OF APPLICATION

The Committee shall complete its review of all applications by January 1. The Committee shall notify applicants in writing as to the disposition of each application. All decisions of the Committee are final.

Applicants are advised that the filing of an application has no impact upon the applicant's obligation to pay his or her taxes. Therefore, to preserve an applicants right to appeal an abatement application by filing an appeal with the Appellate Tax Board, every applicant must make all payments of the tax bill as required by law.

All information provided shall remain confidential and is not to be used by the Town for any purpose other than to determine eligibility.