

**TOWN OF HOLLISTON
FISCAL YEAR 2024
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): _____

Best Phone Number to Reach You: _____

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 2023 federal poverty income guidelines below:
Yes _____ No _____

<u>Number in Household</u>	<u>Income Guideline</u>
1	Below \$14,580
2	Below \$19,720
3	Below \$24,860
4	Below \$30,000
5	Below \$35,140

2. Do you qualify under the 2023 Fuel Assistance guidelines below:
Yes _____ No _____

<u>Number in Household</u>	<u>Income Guideline</u>
1	Below \$42,411
2	Below \$55,461
3	Below \$68,511
4	Below \$81,561
5	Below \$94,610

3. Do you qualify or have you qualified for state exemptions on your real estate taxes through the Board of Assessors? 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: _____

APPLICATION PROCEDURE

Applications can be obtained at the Senior Center and at the Board of Assessors, Treasurer/Collector and Human Resources offices at Town Hall.

Applications will be available by October 2nd and must be submitted to the Human Resources Office by close of business on December 1st. The fiscal year runs from July 1, 2023 to June 30, 2024. Applications must be completed in full in order for the reviewing 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 DECEMBER 1st.

REVIEW PROCEDURE

Applications will be reviewed by the Human Resources director, the Senior Center director, the Treasurer/Collector and/or the 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 February 1, 2024. 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 applicant's right to appeal an abatement application by filing an appeal with the state 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.

SKILLS, ABILITIES AND INTERESTS:

Please list past employment experiences:

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 software? If so, please indicate which applications (Word, Excel, etc.)

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 in a fiscal year 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. I also understanding that I must complete employee paperwork at the Human Resources Office and that I will receive a W-2 for the income I earn.

Signature _____ Date _____

Please return this form with your completed application.