

METHUEN SENIOR CITIZEN/DISABLED TAX RELIEF PROGRAM APPLICATION

Date of application: _____ Telephone Number: _____

Name: _____
Last _____ First _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Are you the homeowner of your present residence? Yes No

Are you the current spouse of the homeowner? Yes No

One of the eligibility criteria as defined in the city warrant is age 60 and over. Are you eligible to participate in this category? Yes No

Does your household income fall within these categories?

(Self Declared)

\$0 - \$66,300 for single applicant

\$0 - \$75,750 for couple

Yes No

EMPLOYMENT RECORD			
Month/Year	Employer's Name/Address/Telephone	Your Position/Duties	
From:			
To:			

Availability:

Month (Please specify) _____ Day of Week: _____

Morning _____ Afternoon _____ Evening _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____ Phone # _____

I authorize the City of Methuen to investigate information from this application for the purpose of the Senior Citizen/Disabled Tax Relief Program.

If accepted, I agree to comply with the rules of the city of Methuen Senior Citizen/Disabled Tax Relief Program.

I certify the information on this application to be true and accurate. If I become involved in the Senior Citizen/Disabled Tax Relief Program, I understand that I may earn a maximum of \$2000 which can only be applied as a rebate to my City of Methuen Property Tax.

Signed: _____ Date: _____

SENIOR CITIZEN/DISABLED TAX RELIEF PROGRAM

These are available positions. Please check all the positions you feel you are qualified to do.

<u>POSITION TITLE</u>	<u>DESCRIPTIONS / SKILLS</u>
<input type="checkbox"/> Clerical	Answering phones, filing, referring residents and customers to proper divisions, operating copy machine, (if possible) light typing, opening mail.
<input type="checkbox"/> Data Entry	Simple computer work. Will train. Typing a plus.
<input type="checkbox"/> Nurse	RN/LPN for blood pressure screenings, filing, assist with monthly and special clinics, can include light clerical duties. Must have certification.
<input type="checkbox"/> Small Engine Repair	Perform tune-ups to lawn mowers and weed whackers.

Signature

Date

For future reference, please list other positions for which you would be qualified other than those listed above.

CITY OF METHUEN
SENIOR CITIZEN/DISABLED TAX RELIEF PROGRAM

Name of Volunteer: _____

Address: _____ Map/Block/Lot _____

Department: _____

This is to confirm that _____ has completed _____ hours of service under my supervision.

Supervisor's Signature _____ Date: _____

Please return this completed sheet to the Human Resource Department, Sandy Almonte, 41 Pleasant Street Suite 206, Methuen, MA 01844.

THIS FORM TO BE COMPLETED BY SUPERVISOR

City of Methuen

Certificate Of Completion Of Senior & Disabled Tax Relief Program

(G.L. Ch. 59 Sec. 5K)

To: Board of Assessors

_____ the owner of a parcel at _____
(Taxpayer's Name) (Property Address)

Has completed _____ hours of volunteer work to be credited toward the
Fiscal Year _____ tax assessed on the parcel at the address listed above at the
rate of \$15.00 per hour.

(Signature of Person Certifying Work)

(Board or Department)

Date: _____

Please return this completed sheet to the Human Resource Department, Sandy Almonte, 41 Pleasant Street Suite 206, Methuen, MA 01844.