

TOWN OF BROOKFIELD



SENIOR TAX WORK-OFF PROGRAM POLICY

Minimum Eligibility:

- 60 years of age or older;
- Only one (1) abatement per household;
- Own and occupy, as a principal residence, for at least five (5) years the property for which taxes are paid; and
- Possess, and identify skills that can be utilized by the Town.

Guidelines

- Gross income will be part of the application process. (Proof of income may be required upon request). Participants will be chosen using income priority of the lowest to highest income as well as matching skill requirement to the department requests.
- The number of participants will be two.
- Hours will begin January 1 of each year and must be completed by November 1 of the same year.

Salary:

- Minimum wage for hourly rate and approved by the Board of Selectmen
- Program participants will typically be able to earn up to \$500 per fiscal year,
- Earnings may be restricted to less than \$500 if program funds are limited and the employee starts part way through a fiscal year.
- Required employment deductions will be taken from pay.

Jobs:

- A variety of jobs may be available; types of duties may include general labor, gardening, skilled project support, record filing, data entry, customer service, etc.
- The program will attempt to match the skills and interests of applicants to the needs of Town departments.
- The number of positions available is based upon funding in each fiscal year combined with the needs of various Town departments.
- Senior citizens may participate in the program for more than one year if funds are available, their qualifications continue to match the needs of a department, and other equally qualified applicants are not awaiting placement in a position.

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Application Process:

- Applications are accepted at any time, but will only be considered as long as funds are available in any given fiscal year.
- There is a limit of \$500 per residence/property
- All applicants are required to complete the Program's application form, which is available in person or via mail from the:
Brookfield Board of Selectmen
Attn: Jennifer Grybowski
6 Central St.
Brookfield, MA 01506
- A copy of the applicant's most recent property tax bill must be attached to the application
- Jobs will be offered based upon eligibility, qualifications meeting departments' needs, and availability on the times and days needed (including providing for one's own transportation).
- Questions regarding this program should be addressed to the *Brookfield Board of Selectmen*, (508) 867-2930 X 10 or jgrybowski@brookfieldma.us.

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**SENIOR TAX WORK-OFF PROGRAM
CERTIFICATE OF COMPLETION OF VOLUNTEER SERVICES**

I hereby certify that _____, the owner of a property
(Taxpayer's name)
at _____ has completed ____ hours of volunteer work to be
(Property Address)
credited toward the Fiscal Year _____ tax assessed on the parcel at the address above at the
rate of \$8.00 per hour. The amount earned as of today is \$ _____.

Signature of Supervisor/Department Head Certifying Hours Date

TREASURER'S OFFICE USE ONLY

Gross Amount Earned: \$ _____ (\$500.00 MAX.)
FICA \$ _____
Medicare \$ _____
NET ABATEMENT \$ _____ SS# _____

Please abate the amount of \$ _____ from the actual FY _____
Real Estate Tax Bill for the parcel at _____.

Signature, Treasurer

ASSESSORS OFFICE USE ONLY

Certificate # _____ Tax Bill # _____
Real Estate Taxes \$ _____
CPA Surcharge \$ _____
TOTAL TAX \$ _____

TOWN OF BROOKFIELD



**SENIOR TAX WORK-OFF PROGRAM
APPLICATION**

Date: _____

Name of applicant: _____

Address: _____

Telephone Number: _____

Eligibility Requirements

Are you over age 60? Yes ___ No ___ Date of Birth: _____

Are you sole owner of said property? Yes ___ If not, name co-owner _____

Is this property your principal residence? Yes ___ No ___

Do you or our spouse own another property? Yes ___ No ___

Amount paid for last year's property tax: _____
(Please enclose most current tax bill)

Financial Information

Retirement benefits (S.S., railroad, federal, mass and political subdivisions) \$ _____

Other pensions/401K, 403B, 457 assets \$ _____

Wages, salaries and other compensation \$ _____

Other income \$ _____

Assistance from other programs \$ _____

(Copy of tax forms, W2 and other supporting documentation should be submitted with this application.)

Please describe your background and skills that would be useful in matching your application with a town department. Also please describe any medical restriction that could impact your work assignment.

(Please write on back or attach another sheet)

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SENIOR TAX WORK-OFF PROGRAM

Please read carefully:

Please be advised that under the Brookfield Senior Tax work off Program, offered to Senior Citizens residing in the Town of Brookfield, MA, you will be required to fill out a W-4 form as well as an Employment Eligibility Verification form for federal tax purposes. To be eligible to participate in this program, you must be at least 60 years old and reside in the said property. When 62.5 hours are completed, credit will be issued to you in the form of an abatement in the amount of \$500 and will be applied towards the actual real estate tax bills issued in January. All participants are subject to a CORI check before approval.

I have read the above provisions and certify to the best of my knowledge, all information on this application is true and correct and that I understand the restrictions outlined above.

Applicant Signature Date

For office use only:

Date to begin volunteer service _____

Department(s) assigned _____

Nature of work _____

Jennifer Grybowski, Administrative Assistant. Date

TOWN OF BROOKFIELD



**SENIOR TAX WORK-OFF PROGRAM
VOLUNTEER TIME SHEET**

VOLUNTEER NAME _____

DEPARTMENT _____ SUPERVISOR _____

<u>DATE</u>	<u>HOURS</u>

TOTAL HOURS: _____

VOLUNTEER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

Please return to the Selectmen's office. Please be sure all information is clearly filled out and signed by both the volunteer and the supervisor. Thank you!