



**CITY OF EASTHAMPTON**  
**Senior Tax Work-Off Program**  
**Fiscal Year 2022**

**APPLICATION (Part 1)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of application: \_\_\_\_\_

**Skills / Experience**

Please indicate your experience and skills, gained either through past jobs or other volunteer experiences that you have and are willing to apply to a City placement. If you have skills not listed below that you would like to use, please write them in (up to three skills).

Office work		Computer Skills	
Data Entry		Customer Service Experience	
Phone answering/phone texting		File Management	
Copying/Collating		Bookkeeping/Recordkeeping	
Yardwork/Gardening		Light Maintenance and Repair	
Basic Carpentry & related		Skill #1: _____	
Skill #2: _____		Skill #3: _____	

**Physical Limitations / Special Accommodation**

Do you have any physical limitations or medical conditions that need to be considered in placing you in a volunteer position?

\_\_\_\_\_

\_\_\_\_\_

Do you require any **special accommodation** in order to work? Please explain.

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## References

Please list two personal or professional references (unrelated to the applicant). Include name, address, phone #, and nature of relationship (e.g., former co-worker, friend).

Reference #1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone, relationship: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone, relationship: \_\_\_\_\_

**Emergency Contact:** Include name / telephone number / relationship.

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I authorize those City employees who coordinate the Senior Tax Work-Off Program to investigate information from this application for the purpose of volunteer service in the City of Easthampton. If accepted for volunteer service, I agree to comply with the rules of the Senior Tax Work-Off Program. I certify that to the best of my knowledge all information provided by me in this application is to the best of my knowledge truthful and accurate.

Please attach with this application the following documents:

- a copy of **your most recent property tax bill**
- a brief description of your work history (1-2 pages maximum)
- a copy of IRS Form 1040, 1040A, or 1040EZ (both sides), from your most recent Federal income tax return.

Please read the following statement. If you agree, sign below and enter the date.

I understand that only the hours worked between July 1, 2021 and June 30, 2022 will be eligible for the FY22 tax abatement. I understand that I will receive up to \$1500. to be applied against my City of Easthampton residential property tax. As a volunteer for the City of Easthampton, I agree to abide by all the City's rules and regulations.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The City of Easthampton is an equal opportunity employer M/F/D/V and does not discriminate based on race, gender, national origin, age, disability, marital or veteran status, sexual preference or any other legally protected status.

\*\* Please return your completed application to: Brendan Rogers, Executive Director, Easthampton Council on Aging, 19 Union St., Easthampton, MA 01027.

Applications should be returned no later than July 31, 2021.



# CITY OF EASTHAMPTON

Senior Tax Work-Off Program

Fiscal Year 2022

## CONFIDENTIAL FINANCIAL DATA SHEET (Part 2)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Date of application: \_\_\_\_\_

### **GROSS INCOME (this information must be provided and will be verified)**

For each category, indicate whether income is weekly, monthly, quarterly, or annual.

Social Security: \_\_\_\_\_

Retirement Benefits: \_\_\_\_\_

Other Pensions: \_\_\_\_\_

Wages, Salaries: \_\_\_\_\_

Veterans Benefits: \_\_\_\_\_

Interest and Dividends: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Other income (specify): \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

The information above is accurate to the best of my knowledge. I understand that I may be asked to submit additional proof of income in the form of W-2's, state income tax forms, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**PARTICIPANT AGREEMENT**

To be eligible for the benefits under the Senior Tax Work-Off Program, and to receive a maximum tax credit up to \$1,500. per fiscal year (less deductions), I recognize and understand the following:

1. The Hourly rate for services shall be set to the state's current minimum wage (\$13.50 effective during calendar year 2021 and \$14.25 effective during calendar year 2022). Any combination of hours volunteered beyond the \$1,500. tax work-off cap allotted under the program will not qualify me for an additional tax credit.
2. I must successfully complete a Criminal Offender Record Information (CORI) check.
3. My income limitations shall be \$57,190. for a one-person household and \$65,360. for a two-person household. I must submit as part of my application a copy of IRS Form 1040, 1040A, or 1040EZ (both sides) from my most recent Federal income tax return, and I may be required to produce additional documents showing that I meet the requisite criteria contained in my application.
4. My placement and work assignments in the Senior Tax Work-Off Program shall be determined by the Executive Director, Easthampton Council on Aging and/or the head of the city department for which I am matched. Placement is determined by matching my skills with available requests. If I am successfully matched as a volunteer, there will be a probationary period during the first 10 hours of service. Every effort will be made to match applicants to volunteer positions, but the probability exists that some applicants may not be successfully matched to available requests.
5. Volunteer service will commence during the summer or fall of 2021 for most volunteers and will continue up to April 30, 2022. Hours earned beyond 111 cannot be carried over or saved beyond the 2022 fiscal year. I understand that I can deduct from my 2022 property tax the amount of credit which will be reflected in a Certificate of Completion that I will receive in the mail during May 2022.
6. By participating in the program, I commit to completing a community service project within a prescribed timeframe. If I am unable to complete the assignment due to repeated absences, I understand that I may be removed from active participation in the program. I further acknowledge that all absences need to be reported to my position supervisor. Any absence over three days should also be reported to the Executive Director, Easthampton Council on Aging.
7. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and the City for either employment or the provision of any benefits. I further understand that if a volunteer relationship is subsequently established, I will have the right to terminate my service at any time and the City will have a similar right.

Name (signed): \_\_\_\_\_ Date: \_\_\_\_\_