



TOWN OF WATERTOWN
Council on Aging
SENIOR CENTER

31 MARSHALL STREET
WATERTOWN, MASS. 02472-3403
TELEPHONE: (617) 972-6490
FAX: (617) 972-6493
www.watertown-ma.gov

Anne-Marie Gagnon, MSW
Director of Senior Services

Patricia Gold, Chairperson
Council on Aging Board

WATERTOWN SENIOR PROPERTY TAX WORK-OFF PROGRAM for Fiscal Year 2021

Dear Resident,

This program allows for up to ten Watertown residents: Seniors (age 60 and older) or Veterans, a \$1,500 deduction from their property tax bill in exchange for 118 hours of work for a Town department, from July 1, 2020 until March 1, 2021. (Based on \$12.75 per hour State minimum wage for all positions.)

Due to the COVID-19 pandemic, Town departments are continuing to determine what types of positions would be available for this year, and the program may be modified or canceled at any time, but please apply now if you are interested and we will work to identify an appropriate position for you should you qualify. At this time, there is immediate need for work with the Town Clerk's office for the upcoming Elections and with various Town departments for shredding and administrative work.

To qualify for consideration, applicants must complete the attached application and be:

- A Retired Senior age 60 or older, OR
- A Veteran as defined in M.G.L. clause forty-third of section 7 of chapter 4.
- Own and occupy the property for which the taxes are deducted.
- Have skills that match those needed by the participating Town departments. Past projects have included: computer data entry, answering phones, administrative tasks, and special projects in various Town departments.
- Preference is given to individuals whose annual income is 300% of the 2020 Federal Poverty level or less (\$37,470 for single, \$50,730 for married couple), AND who are **new** to the program, and then other applicants will be considered if slots are available.
- Copies of most recent income tax return(s) are requested to verify income.
- Once selected to participate, applicants will be sent additional forms to complete and be requested to provide identification, and complete a CORI form. Please note that the amount of the property tax reduction earned under this program is NOT considered income or wages for purposes of the STATE income tax withholding, unemployment compensation or workmen's compensation; however, under current federal law the amount IS INCLUDED in the taxpayer's gross income for Federal Income Tax.

Please complete the application and return to the Senior Center at 31 Marshall Street for consideration.

Call the Senior Center at (617) 972-6490 with any questions, or speak with Watertown's Veterans Services Officer Patrick George at (617) 972-6416. Thank you.

Town of Watertown Property Tax Work-Off Program FY2021-CONFIDENTIAL

RETURN TO: WATERTOWN SENIOR CENTER-31 MARSHALL ST-WATERTOWN, MA 02472

Name: _____ Phone Number(s): _____

Address: _____

EMAIL: _____ Birthday: _____

VETERANS: Are you a Veteran or spouse of a Veteran? Yes _____ No _____

VETERANS: You must provide a copy of your DD-214 to the Veterans' Services Officer for his verification and signature. Veterans who wish to appoint a proxy for volunteer hours must submit medical documentation proving they are unable to work.

Veterans Services Officer Signature: _____

Eligibility requirements below. Preference to applicants who meet income guidelines.	YES	NO
1. Age 60 or older and Retired, OR a Veteran		
2. Homeowner or Spouse of Homeowner (one spouse can participate in the program)		
3. Watertown Resident		
4. Resides in property for 3 years or more, for which rebate is requested		
5. Please attach copy of Current Property Tax Bill		
6. Meets limited financial resources: (Annual income: Single: \$37,470 or less; Married couple: \$50,730 or less) . This includes all sources: employment, Social Security, IRA/other, interest income, etc. Please attach most recent Tax Return.		
7. If "no" is checked for # 6 - (do not meet income guidelines), I still would like to be considered for this program if a slot is available.		

1. Please list any past work or volunteer experiences below. Feel free to attach a resume if you have one:

2. Please list any special skills:

3. Please list hobbies and interests:

4. Please circle days and preferable times when you are most available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Signature _____ Date _____

Thank you for your interest in the program. The Council on Aging will be in touch as to an interview.