



**TOWN OF MENDON
COUNCIL ON AGING**

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**SENIOR/VETERAN PROPERTY TAX WORK-OFF
ABATEMENT PROGRAM APPLICATION**

Under this program participating taxpayers volunteer their services to the municipality in exchange for a partial abatement of their real estate tax bills.

Taxpayers must meet the following qualifications to apply for admittance to the program:

- 1. Taxpayer Eligibility: a.) Seniors must be 60 years of age, or one day past their 60th birthday. b.) Veterans must provide proof of Veterans status as defined by MGL ch.4, sec 7, cl.43. such as (DD214 or discharge papers.***
- 2. Taxpayer must be the assessed owner of the property on which the tax abatement is to be assessed. If the property is subject to a trust, the senior must have legal title, and must be one of the trustees of the trust and a beneficiary of the trust.***
- 3. The taxpayer must reside in the home.***
- 4. The taxpayer must be registered in the town census.***
- 5. The taxpayer must be current with their real estate taxes.***

The following rules and regulations apply to this program:

- 1. Taxpayers must fill out an application for the program and be approved by the Mendon Council on Aging/ Senior Center.***
- 2. Taxpayers participate in this program at a rate comparable to the Massachusetts minimum wage. Rate of pay should be increased according to increases in the state or federal minimum wage. Currently taxpayers may work a maximum of 91 hours per year or \$1,000.00 per year, though the hours may vary depending on the needs of the municipality. Hours are accumulated for the fiscal year from July 1st through June 30th. The amount net of any applicable taxes (Federal, Medicare, etc.) will be applied to the tax bill. Once a person is placed in a position, that person will be responsible to the appropriate department head. The department head will assign all duties and evaluate job performance.***

3. *The department supervising the volunteers' work must certify on a weekly basis to the Council on Aging/Senior Center office the hours of service performed.*
4. *Abatements will be credited to the following fiscal year.*
5. *If more than one eligible taxpayer lives in the home, they may share hours.*
6. *Participants are not considered employees of the Town of Mendon and are not eligible for benefits under the town employee benefit schedule.*
7. *Participants must have or arrange their own transportation.*
8. *Applicants must be CORI (Criminal Offense Record Inquiry) checked where applicable.*
9. *Placement of applicants will be made based on the applicant's skills, preferences, and needs/availability of jobs in the Town of Mendon.*
10. *Every participant in the Abatement Program will be considered a municipal employee for purposes of the conflict of interest law during the time they participate in the Abatement Program and must comply with the restrictions of the conflict of interest law applicable to municipal employees.*
11. *Participants in the Program will be public employees for the purposes of the Tort Claims Act. As such, The Town is liable for damages for injuries to third parties and for indemnification of participants to the same extent as it is in the case of injuries caused by regular municipal employees.*
12. ***Participants are responsible for any federal income tax liabilities incurred by way of participation.***
13. *The policy of the Town of Mendon is to achieve equal opportunity in employment and selection:*
 - A. *By the recruitment and consideration of applicants without regard to factors unrelated to ability to perform the requirements of the job such as race, creed, color, sex, age, national origin, disability, veteran's status, or sexual orientation.*
 - B. *By the employment of individuals who meet the physical and mental requirements, with reasonable accommodation, and who have the education, training and experience, established and necessary for the performance of the job, without regard to race, creed, color, sex, age, national origin, disability, veterans status, sexual orientation, or other factors unrelated to ability to perform the requirements of the job.*

I have read and understand the rules and regulations of the Senior Work-Off Abatement Program. I agree to follow the rules and regulations of this program and understand that if I do not adhere to the rules and regulations, my participation in the program may be terminated.

Name: _____

Signature: _____

Date: _____

**TOWN OF MENDON SENIOR/VETERAN WORK-OFF
ABATEMENT PROGRAM
CONFIDENTIAL APPLICATION**

Date of application: _____

Name of applicant: _____ Maiden Name: _____

Address: _____

Telephone number: _____ Cell: _____

Birth Date: _____ E-Mail: _____

ELIGIBILITY REQUIREMENTS:

60 years or older as of this date? Yes _____ No _____

Homeowner or current spouse of homeowner? Yes _____ No _____

Mendon resident? Yes _____ No _____

Reside in property for which relief is requested? Yes _____ No _____

*If property is in a trust, etc., please
explain _____

EMERGENCY CONTACT INFORMATION:

Name of emergency contact person: _____ Relationship: _____

Address if not the same as yours:

Home Phone: _____ Work Phone: _____

PLACEMENT INFORMATION

What are your past experiences, types of skills, and qualifications?

What days and times are you available to work?

