



Town of Plymouth SENIOR CITIZEN TAX CREDIT WORK PROGRAM

APPLICATION

Name of Applicant		
Street Address		Apartment /Unit #
Town	State	Zip Code
Home Telephone # ()		Social Security # --- ---
Mailing Address (if different from street address)		
Town	State	Zip Code

Eligibility Requirements: *All questions must be answered 'yes' to qualify*

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you 60 years of age or older as of July 1, 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a homeowner in Plymouth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your name appear on the title of the property you listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a year round Plymouth resident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you reside at the property for which your rebate is requested? | <input type="checkbox"/> | <input type="checkbox"/> |

Restrictions/Qualifications:

- Fiscal Year 2007 (July 1, 2006 to June 30, 2007) senior participants are prohibited from participating in the Fiscal Year 2008 (July 1, 2007 to June 30, 2008) program.
- Seniors who have not yet participated in the tax credit program, or who did not participate in the Fiscal Year 2007 are eligible for participation in the Fiscal Year 2008 program.
- Only one member per household whose name is listed on the title is eligible for participation each year. For example, only one spouse is eligible to participate in the Fiscal Year 2008 program.

(OVER)

Placement Preferences: *Please check off all areas of interest*

- | | | | |
|------------------------------|--------------------------|--------------------------------------|--------------------------|
| Town Hall (Clerical) | <input type="checkbox"/> | School Department* (Clerical) | <input type="checkbox"/> |
| Library* (varies) | <input type="checkbox"/> | School Department* (Reading Program) | <input type="checkbox"/> |
| Police Department (Clerical) | <input type="checkbox"/> | Fire Department (Clerical/Custodial) | <input type="checkbox"/> |
| Council on Aging* (varies) | <input type="checkbox"/> | *CORI background check required | |

Experience: Please describe your skills and past experience that would assist us in placing you in the appropriate position.

If I qualify for this program, I understand that I may earn a maximum of \$500, which will be issued in the form of an abatement on my property tax bill. I also understand that as a result of a change in state law, credits earned are not subject to state taxes but are still taxable on my federal income tax return.

Signature: _____ Date: _____

**PLEASE RETURN THIS APPLICATION BY
August 31st, 2007**

ATTN: JACKIE CIPRIANI
HUMAN RESOURCES OFFICE
11 LINCOLN STREET
PLYMOUTH, MA 02360

FOR OFFICIAL USE ONLY

Application received on: _____

Application received by: _____

Application Number Assigned

ASSIGNED

DEPARTMENT: _____

POSITION ASSIGNED: _____