



Town of Dennis

P.O. BOX 1419, SOUTH DENNIS, MA 02660-1419/Telephone: 508-394-8300 –Fax:508-394-8309

TOWN OF DENNIS SENIOR CITIZEN TAX WORK-OFF PROGRAM APPLICATION

NAME _____ TELEPHONE _____

SOCIAL SECURITY NUMBER _____ DOB _____

HOME ADDRESS _____

OWNER _____ TRUSTEE _____ SPOUSE _____

Eligibility:

- **60 years of age or older.**
- **Domiciled in Dennis.**
- **Homeowner or trustee or spouse of same.**
- **Residing at property for which tax relief sought.**
- **Limited financial resources. Single: income limitations \$27,000.
Married: income limitations \$40,000.**
- **Only one tax credit per household may be given.**

If you meet all the requirements please complete the following application.

Section I: Tax Information

Attestation: I am 60 years of age or older. _____

Attestation: I am domiciled at the street address entered above. _____

Attestation: Attached is a copy of my 2003 Income tax filing. _____

Do you have any medical restrictions, which might affect the type of work you so?

List experience, skills, interest which might utilized in working for the Town.

Section II: Work Placement

Will be available in a variety of town departments. Please indicate any preferences.

General Government _____ Public Safety _____

Health & Human Services _____ Senior Center _____

Public Works _____ Parks & Recreation _____

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If I qualify for the Tax Credit Program, I understand that I will earn a \$500 tax credit (which will be subject to federal withholdings) for working 83.33 hours and that this tax credit can only be applied toward my Town of Dennis' real estate tax bill.

Signature _____ Date _____

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Section III: Disposition of application

Interviewed on _____

Eligible _____

Ineligible _____

Placement _____

Waiting List for _____

Signature _____

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