

Attachment A

Town of Athol

2021 APPLICATION (Returning)

SENIOR CITIZEN PROPERTY TAX WORK-OFF ABATEMENT PROGRAM

Name: _____

Address: _____

Telephone: () _____

Will you be 60 by June 30th of the current calendar year? () yes () no

What department did you work for previously? _____

Would you prefer to work for that department again? () yes () no

If no, what department are you interested in working for this year? _____

Education: (highest level achieved) _____

Employment History/Experience/Profession: _____

Talents, Skills, Abilities: _____

Typing/keyboarding: _____ WPM

Computer Skills: Microsoft: (Word (Excel (Access

Other Computer Skills: _____

When you turn the application in you will need to show your Driver's License or other form of ID: Driver's license type _____ Other form of ID _____

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if selected for participation in this program and may result in my inability to participate in this program in the future. I understand that the Town of Athol has the right to verify the above information. If asked for said records I shall provide them within one week of the request. I understand that failure to provide said information may result in rejection and/or termination from this program.

I understand that I will receive compensation in the form of a Property Tax Abatement earned at the rate of \$12.75 per hour worked (effective Jan. 1, 2019). I understand that I can earn an abatement of no more than \$750 per fiscal year for which I need to work a total of 58.82 hours. I understand that I have to make social security contributions to the federal government and that the actual amount abated from my taxes will be reduced by the amount of these contributions.

Applicant Signature: _____ Date: _____

Questions regarding the program may be directed to Bridget Sullivan, Town of Athol, 584 Main St. Athol MA 01331
(978) 249-2368
selectmen@townofathol.org