



## Town of Sandwich Tax Credit Program Application

Council on Aging  
 70 Quaker Meetinghouse Road  
 E. Sandwich, MA 02537  
 TEL: 508-888-4737 / FAX: 508-833-9154

*The Senior Tax Credit program matches municipal opportunities in the Town of Sandwich with eligible senior citizens who are qualified and able to work in exchange for a reduction in their tax bills, thus earning some financial relief. Tax work-off participants may work in a variety of assignments for the Town, depending on the needs of the Town and School departments. The tax credit, stand-alone or with any other exemptions, may not exceed the total tax bill. There is a limit of one annual credit that may be earned per household.*

**Please PRINT all answers; return application in person or by mail, to the Sandwich COA**

**TODAY'S DATE:** \_\_\_\_\_

PERSONAL INFORMATION			
Name (First, Middle, Last): (Please note any previous legal names used)			
Current Address (# Street, City, State, Zip):			
Mailing Address (if different):			
EMAIL:			
Primary Phone:		Secondary Phone:	
Are you a Town of Sandwich taxpayer who is age 60 or older as of July 1, 2023		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your listed address above your primary residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the homeowner or legal spouse of this address?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which?	
Is your name listed on the tax bill?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If more than one name is on the bill, is the other name that of your spouse? If yes list full name of legal spouse.		<input type="checkbox"/> Yes <input type="checkbox"/> No Spouse Legal Name:	
If the property is currently in a trust, are you named as the legal Trustee and Beneficiary?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: A copy of the trust document may be requested to be reviewed by the Assessor's department</i>	
Are you retired and currently receiving a pension from the Barnstable County Retirement Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list employer:</i>	
Are you retired and currently receiving a pension from the Massachusetts Teacher's Retirement Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list employer:</i>	

<p>Have you participated in the Town of Sandwich Tax Credit program in a previous year or years? If yes, list department(s) and dates of service.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  Department(s) &amp; Date(s) Volunteered:  _____</p>
<p><b>Work Experience:</b> Please describe current/past work experience and any qualifying work skills that, if you are selected to participate, will assist in assignment placement.</p>	
<p><b>Education:</b> Please include schools that you attended, degrees received, special certifications and/or licenses earned.</p>	
<p><b>Computer Skills:</b> Describe your skill level using the computer to perform data entry tasks.</p>	<p><input type="checkbox"/> No Computer Skills <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent</p>
<p><b>Software Programs:</b> Check off the software programs you are familiar with.</p>	<p><input type="checkbox"/> None <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Outlook  Other:</p>
<p><b>Availability:</b> Please check off the days and times you are available to work for an assignment.</p>	<p>Monday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime  Tuesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime  Wednesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime  Thursday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime  Friday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime</p>
<p><b>Work Restrictions/Request for Accommodations:</b> Are there any restrictions that may keep you from working for a particular kind of work or that may require specific work accommodations. <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please <u>do not</u> provide any specific medical diagnosis; list general restrictions (i.e., Cannot stand for more than X hours, cannot lift more than X pounds etc.) or any request for accommodations.</p>	

**Attestation of Eligibility and Statement of Understanding**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I understand that acceptance of this application by the Town of Sandwich does not imply my acceptance as a Senior Tax Credit participant. If selected for the program, I agree that my assignment is specified under the terms of the Town of Sandwich Tax Credit Program. I understand that the maximum exemption that can be applied to my fiscal year 2024 net property tax bill is limited to the established maximum dollar cap minus Medicare and OBRA (if applicable) deductions. I understand that I will not earn a paycheck but will receive a W-4 and am responsible for any federal tax obligation. I understand that this exemption, along with any other applicable exemptions, may not exceed the total tax bill. I affirm that I have decided to apply as a Senior Tax Credit program worker with full knowledge that the Town will not be liable to anyone for personal injuries and property damage that I may suffer in program related activities.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**