



TOWN OF WAKEFIELD

COUNCIL ON AGING

Application for Property Tax Work-off Program: Fiscal Year 2025

Please return this application with a copy of your current tax bill to the McCarthy Senior Center, 30 Converse Street, Wakefield, MA 01880. The submission deadline is June 15, 2024.

Date: _____ Have you participated in this program before? Yes No

Name: _____ Email: _____

Address: _____

Phone: _____ Are you a current Town of Wakefield employee? Yes No

Eligibility requirements. Individuals must meet the minimum skills required for the assigned position and be able to start their positions by July 15 (or after, as assigned) and complete work by January 31, 2025.

Please answer all of the following questions.

I am over age 60	Yes	No
I am the owner of record (or spouse) of the above residence	Yes	No
The property listed above is my primary residence	Yes	No
I have owned this residence at least 5 years	Yes	No
I've lived in Massachusetts at least 10 years	Yes	No

Education

High School: _____ Years attended: _____

City, State: _____

College: _____ Years attended: _____

City, State: _____ Major/Courses: _____

Other: _____ Years attended: _____

City, State: _____ Major/Courses: _____

Work Experience

Employer: _____ Dates of Employment: _____

City, State: _____

Position / Duties: _____ Phone: _____

Employer: _____ Dates of Employment: _____

City, State: _____

Position / Duties: _____ Phone: _____



Employer: _____ Dates of Employment: _____

City, State: _____

Position / Duties: _____ Phone: _____

Volunteer Experience

Organization: _____ Dates of Service: _____

City, State: _____

Position / Duties: _____ Phone: _____

Organization: _____ Dates of Service: _____

City, State: _____

Position / Duties: _____ Phone: _____

Organization: _____ Dates of Service: _____

City, State: _____

Position / Duties: _____ Phone: _____

Restrictions

Are you willing and able to work outside?

Yes No

Do you have any physical or mental restrictions that should be considered in selecting your work placement?

Yes No

If yes, please explain.

Availability:

Day(s) of Week: Mon Tue Wed Thu Fri Hours: Morning _____ Afternoon _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

I authorize the Wakefield Council on Aging/or the Town of Wakefield to investigate information from this application for the purpose of community service with the Property Tax Work-Off Program. If accepted for service with the Town of Wakefield, I agree to comply with the rules of the program. To the best of my knowledge, all information provided in this application is accurate.

Applicant Signature

Date

Office Use Only

Referral to: _____ Date: _____ Interviewed by: _____

Disposition: _____ If denied, indicate reason: _____

COA Director



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The Town of Wakefield has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an employee for the senior tax work off program, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

Date

Name: _____
Last First Middle

Maiden Name or Alias, if applicable: _____

Date of Birth: _____ Last six digits of SSN: _____

Office Use Only

Requested by: _____
Signature of CORI authorized employee

