



# 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: \_\_\_\_\_

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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

