



CITY OF PITTSFIELD Senior Tax Work Off Program

The City of Pittsfield recognizes the vast array of knowledge and skills that its senior citizens possess. The city is offering the opportunity for seniors to contribute this knowledge to the community and receive a tax abatement on their property taxes. Hours worked will be paid no less than the current Massachusetts minimum wage with a maximum abatement of \$1,000.00. This program can be combined with other exemptions.

Participants must be age 60 or over at the time of application. Eligible properties must be classified as residential, and must be owned and occupied by the participant at the time the work is performed. There will be a limit of two participants per eligible property; however, the total abatement cannot exceed the maximum exemption of \$1,000.00. Income eligibility shall be determined by using the locally adopted income eligibility guidelines of Massachusetts General Law Chapter 59, Section 5, clause 41C. (plus an additional \$5,000.) The selection of participants will be based on need and shall be valid for one year. Qualified volunteers not selected for this program will be placed on a waiting list in order of need, in the event that other opportunities become available. The city is not obligated to offer another position if a volunteer refuses an assignment. Active municipal employees are not eligible for the Senior Citizen Tax Work-Off program.

If you are married, your yearly income cannot exceed \$35,137.00 for an individual, yearly income cannot exceed \$29,753.00. All volunteer work must be completed between June 1, 2017 and November 30, 2017. For further information on applications please contact the Assessors' Office at (413) 395-0102.

Attached are the application and other necessary information related to the program. Applications must be postmarked or received by the Assessors' office by May 12, 2017.

PLEASE DO NOT RETURN THIS PAGE WITH APPLICATION

ON THE JOB REQUIREMENTS

- Must complete both a W-4 form along with a W-2 form.
- Must commit to hours of volunteer service, as assigned by the Program Coordinator, within the specified time frame, and in accordance to the schedule set by your department supervisor.
- Must notify department supervisor of schedule changes and absences.
- Must show up and be on time for volunteer work for the scheduled hours.
- Must adhere to any and all laws, policies, and procedures followed by the City of Pittsfield.

APPLICATION CHECKLIST

- Completed Application Form.
- Copy of Birth Certificate or Massachusetts Driver's License.
- Copy of 2016 Federal Income Tax Return.
- Copy of all income Statements for 2016 calendar year including Social Security, pensions, interest and dividends

ELIGIBILITY

- Must be age 60+ at the time of application.
- Property must be owned and occupied by the participant.
- Must have an annual income less than \$35,137 if you are married and less than \$29,753 for an individual.
- Must own and occupy the property on which exemption is being filed for.

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Senior Citizen Work-Off Program Application

Date of Application: _____

Name: _____

Last

First

Middle Initial

Street Address: _____ Pittsfield, MA 01201

Mailing Address (if different from above):

Primary Telephone: _____ Alternate: _____

E-mail: _____ Date of Birth: _____

ELIGIBILITY REQUIREMENTS

Please answer all of the following questions by circling YES or NO.

- 1) Are you over the age 60? _____ YES _____ NO
- 2) Are you the owner of record of the home? _____ YES _____ NO
- 3) Is this your primary residence? _____ YES _____ NO
- 4) Have you attached a copy of income records? _____ YES _____ NO
(including Social Security, pension, interest and dividends)

JOB SKILLS

In the following section, please include any skills you possess such as computer skills, or languages spoken.

Special Job skills:

Interests and hobbies:

WORK EXPERIENCE

In the following section, please complete the information for your most recent (or relevant) employment. Attach any additional employment experience to the back of this application.

1) Company/Organization Name Dates of Employment

Supervisor Phone Number Address

Description of Responsibilities

2)

Company/Organization Name

Dates of Employment

Supervisor

Phone Number Address

Description of Responsibilities

VOLUNTEER EXPERIENCE

In the following section, please complete the information for any volunteer experience you possess. Attach any additional volunteer experience to the back of this application.

1)

Organization Name

Volunteer Dates

Supervisor

Phone Number

Address

Description of Responsibilities

2)

Organization Name

Volunteer Dates

Supervisor

Phone Number

Address

Description of Responsibilities

REFERENCES

In the following section, please complete the information for your references. Please note, relatives may not be listed as references.

1)

First & Last Name

Phone Number

Affiliation

2)

First & Last Name

Phone Number

Affiliation

3)

First & Last Name	Phone Number	Affiliation
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CITY AFFILIATION DISCLOSURE

In the following section, please disclose any relatives employed by the City of Pittsfield. Please note, having relatives employed by the City does not mean disqualification from the program. Please attach any additional names to the back of this application.

1)

First & Last Name	Phone Number	Affiliation	City Dept.
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2)

First & Last Name	Phone Number	Affiliation	City Dept.
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AVAILABILITY & PREFERENCES

In the following section, please complete the information with regards to your availability.

1) Are you currently employed? _____ YES _____ NO

2) When are you available? (Circle all that apply)

Month(s): January February March April May
 June July August September October
 November December

Day(s) of Week: Monday _____ AM/PM to _____ AM/PM
 Tuesday _____ AM/PM to _____ AM/PM
 Wednesday _____ AM/PM to _____ AM/PM
 Thursday _____ AM/PM to _____ AM/PM
 Friday _____ AM/PM to _____ AM/PM
 Saturday _____ AM/PM to _____ AM/PM
 Sunday _____ AM/PM to _____ AM/PM

3) Please select what type of community service you would like to perform. Check up to 3 options:

Customer Service Clerical _____Senior Programming
 _____Bookkeeping _____Gardening _____ Information Technology
 School Support _____ Other ()

4) Do you possess a valid Massachusetts Driver's License? _____ Yes _____ No

5) Do you have your own methods of transportation (*transportation is not provided for this program*)?

_____ Yes _____ No

EMERGENCY CONTACT

In the following section, please complete the information for your Emergency Contacts. Please note, this section must include at least two.

1)

First & Last Name	Phone Number	Relationship
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2)

First & Last Name	Phone Number	Relationship
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AGREEMENT

I authorize the City of Pittsfield to investigate information from this application for the purpose of community service through the Senior Citizen Property Tax Abatement Program. If accepted for community service with the City of Pittsfield, I agree to comply with the rules of this program. To the best of my knowledge, all information provided in this application is accurate.

Applicant's Signature

Date

**Please mail this application to:
Assessors' Office
Pittsfield City Hall
70 Allen Street, Room 108
Pittsfield, MA 01201**

APPLICATION OF CREDITS TO TAX BILLS

Please read and initial in the box provided to indicate understanding of the Application of Credits:

	The program shall run from June 1, 2017 to November 30, 2017. All work must be completed by November 30. Reductions earned by November 30 will be applied to the actual tax bills for the fiscal year, and shall be equally split between the third and fourth quarter tax bills. Any unused credits (due to credits being larger than the tax bills) shall be lost and not carried forward to a future tax year. Earned abatements may only be applied to the percentage of the property that is owner occupied.
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CONDITIONS OF PARTICIPATION

Please read and initial each box to indicate understanding of these Conditions of Participation:

	Participants will be credited for actual hours worked, but must not exceed 91 hours before November 30, 2017.
	Participants will not receive any benefits and will not receive any credit for holidays, sick days, or personal days.
	Participant positions shall not include any position staffed by RSVP.
	Participants participating in the program are considered employees for purposes of municipal tort liability. Municipalities are liable for damages, for injuries to third parties and for indemnification of the volunteers to the same extent as they are in the case of injuries caused by regular municipal employees. Any incidents that cause liability to the City should be immediately reported to the Department Director overseeing that participants work.
	Participants may be dismissed from the program at any time with just cause. Participants may choose to end their participation in this program at any time by providing one week's written notice to The Pittsfield Mayor's Office. Participants who leave the program will not be eligible for return the following fiscal year.

By initialing this form I understand that this abatement will be considered income for federal tax purposes and that I may be liable for a Social Security assessment based on my retirement age. I accept full responsibility for understanding any financial impact I may incur through my participation in this program.

Understanding of Indemnification and Liability

I understand and agree to all the terms listed above. I further understand and agree to indemnify and hold harmless the City of Pittsfield against any negligence claims brought by third parties on account of my participation in this program. In particular, I acknowledge my responsibility for the costs of defendant the City against such third-party claim and for the amount of any settlement or judgment in favor of the third party on account of my participation in this program.

PRINT NAME

SIGNATURE

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