Town of Leicester
3 Washburn Square
Leicester MA 01524
Phone:(508)892-7001 Fax:(508)892-7070
www.leicesterma.org

SENIOR TAX WORK-OFF PROGRAM
VOLUNTEER APPLICATION

PERSONAL AND TAX INFORMATION (please print)

Name: _____ Date of Birth: _____

Address (Residence): _____

Mailing (If Different): _____

Telephone: _____ Social Security #: _____

Did you own this property as of January 1, _____? _____

Are you sole owner of said property? _____ If not, name co-owner: _____

Is said property subject to a trust? _____

If so, name & address of trustee: _____

Do you currently receive any tax exemptions from the Assessors Office:? _____

Please list exemptions: _____

Have previous taxes on said property been paid to date? _____

Approximate amount paid for yearly property tax at this location: $_____

VOLUNTEER POSITION INFORMATION

Please list any skills, experience or abilities you may have regarding previous work of volunteerism:

_____

_____

_____

Date you are available to begin work: _____

Have you previously participated in the Senior Tax Work-Off Program? _____
(which calendar year)

Please complete both sides where applicable.

Please read this information carefully:

Please be advised that under the Leicester Senior Tax Work-Off Program:

. **Workman's Compensation coverage is not provided** to any person who volunteers for this or any other volunteer program.
. You must be **60 years of age** and reside in the home where the real estate is located.
. In order to receive the full **$750** real estate credit off your tax bill, you must complete the maximum allotted hours of volunteer service by **December 15, _____.**
. If hours of service are incomplete, your tax abatement will be prorated for that portion worked.
. The credit will be applied to your property taxes for the following year.

I have read the above provisions and certify, to the best of my knowledge, that all information on this application is true and correct and that I understand the restrictions outlined above.

_____   _____
      Signature of Applicant   **Date**

To be completed by the Assessors Office

Departmental assignment(s): _____

Date to begin volunteer service: _____

Nature of work: _____

_____   _____
      Assessors Office   **Date**

If disapproved, state the reason(s) above.