

**BLACKSTONE SENIOR CENTER - COUNCIL ON AGING**  
**508-876-5134**

Date of application \_\_\_\_\_

**CONFIDENTIAL APPLICATION FOR PROPERTY TAX WORK OFF PROGRAM**

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell \_\_\_\_\_ Birth date \_\_\_\_\_

E-mail \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS**

60 years old by July 1 this year? Yes \_\_\_\_ No \_\_\_\_ Vet \_\_\_\_ DD214 Honorable Discharge under 60 yrs \_\_\_\_

Homeowner or current spouse of homeowner?\* Yes \_\_\_\_ No \_\_\_\_

Blackstone resident? Yes \_\_\_\_ No \_\_\_\_

Reside in property for which relief is requested? Yes \_\_\_\_ No \_\_\_\_

\*If property is in a trust, etc., please explain \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address if not the same as yours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**PLACEMENT INFORMATION**

What are your past experiences, types of skills, and qualifications?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Job placements may be available in a variety of Town departments. Indicate in which departments you would prefer to work, if possible.

- |                           |                 |                             |
|---------------------------|-----------------|-----------------------------|
| _____ No Preference – Any | _____ Recycling | _____ Library               |
| _____ Town Hall Offices   | _____ Police    | _____ Fire/EMT              |
| _____ Senior Center       | _____ Parks     | _____ Dept. of Public Works |

\_\_\_\_\_ Other-: \_\_\_\_\_

Do you have any restrictions or needs which may affect any position—i.e., physical requirements, seasonal, schedule, hours of day (duration and/or number of hours), frequency, etc. Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:**

- The Council on Aging is mandated by state law to do a CORI (criminal background check) on any person who works with seniors.

\_\_\_\_\_

*As a participant in the Property Tax Work-Off Program, I understand that I may earn a maximum of \$1000. \*(refer to program guidelines) credit to be applied to my Town of Blackstone property tax bill in the following year. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.*

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

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

*Please return this application to the Blackstone Senior Center 15 St. Paul Street, Blackstone 01504*

**FOR OFFICE USE ONLY**

Referral to: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

If position declined, indicate reason: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Veterans Agent: \_\_\_\_\_

Senior:PTWOapplform:  
10-16-13