



IPSWICH COUNCIL ON AGING

25 GREEN STREET, IPSWICH, MA 01938

978-356-6650

IPSWICH SENIOR TAX WORK-OFF APPLICATION

Contact Information	
Name	
Address	
Home Phone	
Cell Phone	
Email Address	
Emergency Contact Name, Relationship, Phone Number	

Eligibility			
Age 60 or older?	Yes	No	DOB:
Homeowner in Ipswich?	Yes	No	
Is this your primary residence?	Yes	No	
Is your property in a trust?	Yes	No	If yes, are you a trustee?
Do you have a mortgage?	Yes	No	
Do you have a reverse mortgage?	Yes	No	
Do you have a home equity loan?	Yes	No	
Do you receive any public benefits?	Yes	No	If yes, please specify:
Do you have any extraordinary expenses?	Yes	No	If yes, please specify:
Can you commit to 83 hours of work/yr.?	Yes	No	

Work Experience - <i>A resume may be attached if preferred.</i>		
Name of Employer	Dates of Employment	Description of Duties

Volunteer Experience		
Name of Organization	Dates of Involvement	Description of Duties

Special Skills You Possess <i>(include computer knowledge)</i>

Please Note:

All employees/volunteers that are involved with the Ipswich Council on Aging must be subject to a CORI (Criminal Offender Record Indicator) check.

If accepted into the Senior Citizen Property Tax Work-Off Program, I agree to comply with the rules of the program.

I understand that I become an employee of the Town. I understand that this position is non-benefitable.

I understand that my earnings, up to a maximum of \$750 per fiscal year, will be applied as a credit to my real estate tax bill. These monies are not considered as income or wages for state income tax withholding, but federal and Medicare taxes will be taken out. This income could affect my eligibility for the Circuit Breaker Credit and other benefit programs.

To the best of my knowledge, all information provided in this application is accurate.

Applicant Signature

Date

Please attach a copy of your most recent real estate tax bill and pages 1 and 2 of your most recent federal Form 1040. *This information will remain confidential.*