

Date _____

APPLICATION FOR PROPERTY TAX WORK-OFF ABATEMENT PROGRAM

Name of applicant _____
Address _____
Phone numbers (home and cell) _____
Birth date _____ Email _____

The Town of East Longmeadow is mandated by state law to do a CORI (criminal background check) on any person who works for the Town.

ELIGIBILITY REQUIREMENTS

- Do you own and occupy your property? Yes _____ No _____
 - Have you owned and occupied for at least 5 years? Yes _____ No _____
- If no, list the properties you owned and occupied in East Longmeadow and the date range:
- | Location | Date |
|----------|-------|
| _____ | _____ |
| _____ | _____ |

- If property is in a trust, etc., please explain
- _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact person: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

What job are you applying for: _____

Job placements may be available in a variety of Town departments. Indicate in which departments you would prefer to work, if possible as it may help with your assignment.

_____ Town Hall	_____ Senior Center	_____ Library
_____ Fire	_____ Police	_____ Dept. of Public Works
_____ Schools	_____ Recreation	_____ Other: _____

Note any special reason(s) for this request:

If you are aware of a need in a department or of a potential placement that you are interested in, please inform us:

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:

PLACEMENT INFORMATION

What are your past experiences and types of skills? **(Please be specific)** _____

Typing/keyboarding: _____ WPM
Computer skills: Microsoft: _____ Word _____ Excel _____ Access
Specialty Software: _____ State VRIS _____ Munis _____ Quickbook
_____ Adobe Illustration _____ Text Composition
Other skills: _____ Gardening _____ General Helper (dusting/watering plants)

Which do you prefer: Indoor work or Outdoor work _____
Valid Driver's License: _____ Class 1 _____ Class 2 _____ Class 3

With limited spaces in the program, please share with us any hobbies and/or interests you have that might help us in seeking or creating a position (continue on other side of page or attach paper if necessary)

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if selected for participation in this program.

I understand that I will receive compensation in the form of a Property Tax Abatement earned at the current minimum wage per hour worked. I understand that I can earn an abatement of no more than a total of 125 hours. I understand that I have to make social security contributions to the federal government and that the actual amount abated from my taxes will be reduced by the amount of those contributions. I understand that my participation in the program in the past does not guarantee me a future position. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.

Signature of Applicant _____ Date _____

**Applications must be return to:
The Council on Aging 328 North Main Street, East Longmeadow, MA
01028**