



Senior Citizen & Veteran Property Tax Work-Off Program Checklist

- ___ Application Form, completed in full, signed and dated.
- ___ Participation Agreement, signed and dated.
- ___ A copy of most recent tax bill on property.
- ___ Copy of Identification which matches the applicant's info (i.e. Driver's license and/or State issued ID).
- ___ CORI Form (Need to be signed in front of Town staff).
- ___ Copy of DD214 (Discharge Veteran Form).

SENIOR CITIZEN & VETERAN PROPERTY TAX

WORK-OFF PROGRAM

January 1, 2024 — October 30, 2024

Senior Citizen & Veteran Work-Off Program Application

Name of Applicant: _____ Phone: _____

Mailing address: _____ Email: _____

Name & Phone Number of Emergency Contact: _____

Property Address for which you are seeking a credit: _____

PART A: Eligibility requirements. Please answer the following questions.

	Circle Yes or No		
Are you a Veteran as defined by Massachusetts law?	Yes	or	No
Are you at least 60 years of age or older?	Yes	or	No
Are you an owner or deeded life tenant of a residential property in the Town of Agawam?	Yes	or	No
Are you up to date/current on your property tax bill?	Yes	or	No

PART B: Qualifications

List your skills and talents. Please list at least three skills:

Please list your current or former occupation (s) _____

Please check off areas of proficiency:

COMPUTER: Basic ___ Intermediate ___ Advanced ___ Word Processing ___ Excel ___

Other _____

Comfortable dealing with public: Yes or No

Comfortable answering the phone: Yes or No

Comfortable in busy environment: Yes or No

Do you have any physical or medical restrictions? (For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, etc.) Please explain.

Do you prefer to work outdoors if a position were available? Yes or No

Do you drive (maybe required)? Yes or No

Please note dates, days and time you are able to participate, or scheduling restrictions. _____

By signing below, I attest that my Agawam residence is my primary residence, and if I qualify for the Senior Citizen or Veterans Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my Town of Agawam Property Tax.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Complete packet return date: _____

Granted _____ Denied _____

Department Placement: _____

Position _____

Non-Placement -Please indicate reason for denial: _____

Director's Signature: _____

Date: _____