



Name of Applicant					
Street Address			Apartment /Unit #		
Town	State		Zip Code		
Home Telephone # () --- ---					
Mailing Address (if different from street address)					
Town	State		Zip Code		

Eligibility Requirements: *All questions must be answered ‘YES’ to qualify*

- | | | YES | NO |
|----|--|--------------------------|--------------------------|
| 1. | Are you 60 years of age or older as of July 1, 2015? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are you a homeowner in Plymouth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does your name appear on the title of the property you listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are you a year round Plymouth resident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do you reside at the property for which your rebate is requested? | <input type="checkbox"/> | <input type="checkbox"/> |

Restrictions/Qualifications:

- Fiscal Year 2015(July 1, 2014 to June 30, 2015) senior participants are prohibited from participating in the Fiscal Year 2016 (July 1, 2015 to June 30, 2016) program.
- Seniors who have not yet participated in the tax credit program, or who did not participate in the Fiscal Year 2015 are eligible for participation in the Fiscal Year 2016 program.
- More than one member per household listed on the title can apply but only one member per household whose name is listed on the title is eligible for participation each year.

(OVER)

Placement Preferences: Please check off all areas of interest. Please note placements in preferred locations are not guaranteed. All positions require CORI/SORI background check;

Town Hall (Clerical)	<input type="checkbox"/>	School Department (Varies)	<input type="checkbox"/>
Library (varies)	<input type="checkbox"/>	Police Department (Clerical/Custodial)	<input type="checkbox"/>
Council on Aging (varies)	<input type="checkbox"/>	Fire Department (Clerical/Custodial)	<input type="checkbox"/>

Experience: Please describe your skills and past experience that would assist us in placing you in the appropriate position.

If I qualify for this program, I understand that I may earn a maximum of \$500, which will be issued in the form of an exemption on my property tax bill. I also understand that credits earned are not subject to Massachusetts state taxes but are subject to Medicare and OBRA, and may be subject to Federal Income Tax. The total credit of the exemption would equate to the amount earned less Federal taxes, Medicare, and OBRA.

Signature: _____ Date: _____

**PLEASE RETURN THIS APPLICATION BY
Monday, June 1, 2015**

ATTN: JACKIE GURNEY
HUMAN RESOURCES DEPARTMENT
11 LINCOLN STREET
PLYMOUTH, MA 02360

FOR OFFICIAL USE ONLY

Application received on: _____

Application received by: _____

Application Number Assigned

☐ ASSIGNED

DEPARTMENT: _____

POSITION ASSIGNED: _____