

CITY OF MELROSE
PROPERTY TAX WORK-OFF PROGRAM
(Senior Citizens & Disabled Residents)

Hours _____
\$ _____

Application Form

Program Date: January - December 2024

Name: _____ Tel. No. _____
Street: _____ Email: _____
Emergency Contact: _____ Tel. No. _____

Eligibility Requirements. Please answer all the following questions.

At least 60 including if disabled..... Yes ___ No ___
Homeowner or current spouse..... Yes ___ No ___
Melrose resident..... Yes ___ No ___
Reside in property for which abatement is requested..... Yes ___ No ___

Please describe details of past experiences or skills that may be helpful in securing a position:

Do you have any physical or mental restrictions that should be considered in selecting your work placement? If yes, please explain.

If I qualify for the Property Tax Work-Off Program, by signing below I acknowledge that I understand and will follow guidelines, have submitted all necessary documentation, and understand that I may earn up to a \$1,000 to be credited to my Property Tax bill.

Signature _____ Date _____

Please provide your email address, as we will send correspondence to applicants in this manner

FOR OFFICE USE ONLY Disposition of Application New Applicant____ Repeat Applicant____
CORI Submitted on: _____ CORI Approved on: _____
Placement location _____
Placement letter, time sheet and dress/fragrance policy provided on: _____
Is applicant a previous employee of the City of Melrose? _____
Bencor Form Requested on: _____ Bencor Form Received back: _____
Bencor form faxed to Bencor on: _____