



**Town of Barnstable
SENIOR/VETERAN PROPERTY TAX WORK OFF PROGRAM**

PARTICIPANT APPLICATION

Name of Applicant: _____ Phone #: _____

Resident Address: _____

Mailing Address: _____

E-Mail: _____

Property ID: _____

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

Please circle

- | | | |
|---|-----|----|
| Are you a veteran? | Yes | No |
| If you are not a veteran, are you at least 60 years of age? | Yes | No |
| Are you a Barnstable homeowner or the current spouse of a Barnstable homeowner? | Yes | No |
| Is your Barnstable home your primary residence? | Yes | No |
| Do you own any other properties in MA or any other state? | Yes | No |
| Do you own and occupy the property for which you are seeking credit? | Yes | No |
| Are you a Town of Barnstable employee? | Yes | No |

PART B: Experience

List your skills and talents (minimum of three)

_____	_____
_____	_____
_____	_____

Please list your former occupation(s): _____

Please check off your level of proficiency with computers:

Word Processing
Basic Intermediate Advanced

Spreadsheets (Excel)
Basic Intermediate Advanced

Are you comfortable dealing with the public?	Yes	No
Are you comfortable answering the telephone?	Yes	No
Are you comfortable in a busy environment?	Yes	No
Would you prefer to work outdoors if a position was available?	Yes	No
Do you have a valid driver's license?	Yes	No
Do you have transportation to a work site?	Yes	No

Do you have any physical or medical restrictions?

Please note dates, days, and times you are able to participate in this program, including schedule restrictions. _____

PART C: Eligibility

By signing below, I attest that my Town of Barnstable residence is my primary residence, and if I qualify for the Senior/Veteran Property Tax Work-Off Program, I understand that what I earn can only be applied as a credit to my Town of Barnstable property tax. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying document and statements are true, correct, and complete.

Signature: _____

Date: _____

Completed applications are submitted to:
 Barnstable Adult Community Center/Barnstable Council on Aging, 825 Falmouth Rd., Hyannis,
 MA 02601
 Attn: Mary Taylor, Outreach/Support Services

If you have any questions, please contact Mary Taylor, Outreach/Support Services,
 at (508) 862-4750, ext. 4759.