



TOWN OF ANDOVER
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
"SCRPT" APPLICATION

Date: _____

Name: Dr. Mr. Ms. Mrs. _____
(Circle One) Last First Middle Initial

Address _____
Street Town State Zip Code

Telephone _____ E-mail _____

Eligibility Requirements: Please answer all of the following:

Over age 60+	_____ Yes	_____ No
Owner of record	_____ Yes	_____ No
First qualifying owner	_____ Yes	_____ No
Primary residence	_____ Yes	_____ No
Copy of current tax bill attached	_____ Yes	_____ No
Prior participation	_____ Yes	_____ No

Education:

Name/Address	Degree/Date	Major/Course
High School _____		
College _____		
Other _____		

Volunteer Experience: Include previous placements through this program, if applicable.

Name of organization	Date	Address/Phone	Description of Duties
1. _____			
2. _____			
3. _____			
4. _____			

Other interests, skills and hobbies: _____

(Please complete other side)

Work Experience: Include Name/Address/Phone Number/Dates of Employment

1. _____

Your Position/Duties _____

2. _____

Your Position/Duties _____

3. _____

Your Position/Duties _____

References: Include: Name/Address/Telephone Number/Affiliation
(Please do not use a relative as a reference)

1. _____

2. _____

3. _____

Availability:

Month(s) _____

Day of Week _____

Morning _____ Afternoon _____ Evening _____

What type of community service do you prefer for this program? _____

Emergency Contact: Include Name/Phone Number/Relationship

I authorize the Andover Council on Aging/or the Town of Andover to investigate information from this application for the purpose of community service with “SCRPT”, the Senior Citizen Property Tax Work-Off Program.

If accepted for community service with the Town of Andover, I agree to comply with the rules of the “SCRPT” Program. To the best of my knowledge, all information provided in this application is accurate.

Applicant’s Signature

Date _____



“SCRPT”
TOWN OF ANDOVER
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

Eligibility:

- Must be 60+
- Owner of record
- Property for which the abatement will be used must be primary residence
- No income guidelines for first qualifying owner
Second owner may earn abatement if they meet the needs requirement
- Must** present a copy of most recent property tax bill
- No current town employee is eligible

Participation Agreement:

1. If selected as a participant in the Senior Citizen Property Tax Work-Off Program, **you will be responsible for notifying the Division of Elder Services in writing, of any changes affecting eligibility.**
2. Placement is determined by matching your skills with the available requests. There is a two week probation period.
3. **The 100 hours of service must be completed between July 1, 2007 and June 30, 2008.** Hours are not cumulative and cannot be saved or carried over to the next fiscal year program cycle.
4. **Policy on Absenteeism:**
By participating in this program you have committed to complete a community service project within a prescribed time frame. If you are unable to complete the assignment due to repeated absences you may be removed from active participation. **All absences need to be reported to your supervisor. Any absence over 3 days should also be reported to the Tax Work-off Program Coordinator.**
5. All applicants must fill out a CORI (Criminal Offender Record Information) as required by the Executive Office Of Elder Affairs.
6. I understand that from time to time new rules may be added by the Town of Andover.

I have read the requirements for participation in the Senior Citizen Property Tax Work-Off Program as listed above. I agree to notify the “SCRPT” Program Coordinator as well as my work site supervisor in the event that I am unable to complete the assignment as agreed.

Signature

Date