

## METHUEN SENIOR CITIZEN/DISABLED TAX RELIEF PROGRAM APPLICATION

Date of application: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last*
*First*

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip Code*

Are you the homeowner of your present residence? ☐ Yes ☐ No

Are you the current spouse of the homeowner? ☐ Yes ☐ No

One of the eligibility criteria as defined in the city warrant is age 60 and over. Are you eligible to participate in this category? ☐ Yes ☐ No

Does your household income fall within these categories?

(Self Declared)

\$0 - \$66,300 for single applicant

\$0 - \$75,750 for couple ☐ Yes ☐ No

EMPLOYMENT RECORD		
Month/Year	Employer's Name/Address/Telephone	Your Position/Duties
From:		
To:		
From:		
To:		

Availability:

Month (Please specify) \_\_\_\_\_ Day of Week: \_\_\_\_\_

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

In case of emergency, please notify:

\_\_\_\_\_  
*Name*
*Relationship*

\_\_\_\_\_  
*Address*
*Phone #*

I authorize the City of Methuen to investigate information from this application for the purpose of the Senior Citizen/Disabled Tax Relief Program.

If accepted, I agree to comply with the rules of the city of Methuen Senior Citizen/Disabled Tax Relief Program.

I certify the information on this application to be true and accurate. If I become involved in the Senior Citizen/Disabled Tax Relief Program, I understand that I may earn a maximum of \$2000 which can only be applied as a rebate to my City of Methuen Property Tax.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **SENIOR CITIZEN/DISABLED TAX RELIEF PROGRAM**

These are available positions. Please check all the positions you feel you are qualified to do.

<u>POSITION TITLE</u>	<u>DESCRIPTIONS / SKILLS</u>
<input type="checkbox"/> Clerical	Answering phones, filing, referring residents and customers to proper divisions, operating copy machine, (if possible) light typing, opening mail.
<input type="checkbox"/> Data Entry	Simple computer work. Will train. Typing a plus.
<input type="checkbox"/> Nurse	RN/LPN for blood pressure screenings, filing, assist with monthly and special clinics, can include light clerical duties. Must have certification.
<input type="checkbox"/> Small Engine Repair	Perform tune-ups to lawn mowers and weed whackers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For future reference, please list other positions for which you would be qualified other than those listed above.

Department: \_\_\_\_\_

Rev. 11/2024

**THIS FORM TO BE COMPLETED BY SUPERVISOR**

**City of Methuen**

**Certificate Of Completion Of Senior & Disabled Tax Relief Program**

(G.L. Ch. 59 Sec. 5K)

To: Board of Assessors

\_\_\_\_\_ the owner of a parcel at \_\_\_\_\_  
(Taxpayer's Name) (Property Address)

Has completed \_\_\_\_\_ hours of volunteer work to be credited toward the

Fiscal Year \_\_\_\_\_ tax assessed on the parcel at the address listed above at the  
rate of \$15.00 per hour.

\_\_\_\_\_  
(Signature of Person Certifying Work)

-  
\_\_\_\_\_  
(Board or Department)

Date: \_\_\_\_\_

***Please return this completed sheet to the Human Resource Department, Sandy Almonte, 41 Pleasant Street Suite 206, Methuen, MA 01844.***