

Application for FY _____

Date _____

CONFIDENTIAL
APPLICATION FOR SENIOR PROPERTY TAX WORK OFF PROGRAM

Name of applicant _____

Address _____

Phone numbers (home) _____ (cell) _____

The Brockton Council on Aging is mandated to do a CORI (criminal background check) on any person who works with seniors. **Photo ID is required.**

INCOME INFORMATION (REQUIRED) All information is kept strictly confidential. **Verification of income must be attached to application** (examples: social security award letter, 1099 form, bank statements with direct deposits, income tax return, employment, IRA/other interest income, pension, rental income, unemployment, W2's) *Incomplete applications will be returned.*

Total yearly gross household income _____

Do you have a mortgage: a mortgage? ___yes ___no reverse mortgage? ___yes ___no
equity loan? ___yes ___no

Please note any unusual or extraordinary needs and/or expenses: _____

ELIGIBILITY REQUIREMENTS

- Have you attained the age of 60 years? Yes _____ No _____
Please provide documentation which includes your birth date
- Do you own or occupy the property as a principal residence? Yes _____ No _____
Please provide a copy of current property tax bill
- Homeowner or current spouse of a homeowner? Yes _____ No _____
- If property is in a trust, etc., please explain _____
- Reside in property for at least 5 years? Yes _____ No _____
- Are you a city of Brockton employee? Yes _____ No _____
- Do you serve on a city of Brockton board or committee? Yes _____ No _____
- Are you a veteran? Yes _____ No _____

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EMERGENCY CONTACT INFORMATION

Name of emergency contact person: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

PLACEMENT INFORMATION

What are your past experiences and types of skills: _____

Indicate which department you would prefer to work.

- _____ Council on Aging
- _____ Mayor's Office
- _____ City Hall/Greeter

What days and times are you available to work?
Please put hours next to the days you are available to work

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday

Signature _____ *Date* _____

FOR OFFICE USE ONLY	
Date application received:	
CORI signed:	
Interview scheduled:	
Reviewed by COA Director:	
Reviewed by Personnel Director:	
Approved or denied:	
Lottery number assigned:	