



## **CITY OF REVERE**

### **SENIOR CITIZEN WORK-OFF ABATEMENT PROGRAM FY** **2020**

THE CITY OF REVERE HAS ADOPTED THE PROVISIONS OF MA GENERAL LAW CHAPTER 59 SECTION 5K, AS AMENDED, WHICH ALLOWS FOR A SENIOR CITIZEN TAX WORK-OFF PROGRAM. FOR 2019, THE PROGRAM OFFERS SENIORS THE OPPORTUNITY TO CONTRIBUTE 41.5 HOURS OF SERVICE TO THE CITY AND RECEIVE A \$500.00 REDUCTION IN THEIR WATER BILL. THE PROGRAM WILL ALSO OFFER SENIORS THE OPPORTUNITY TO CONTRIBUTE 62.5 HOURS WITHIN VARIOUS CITY DEPARTMENTS AND RECEIVE A \$750.00 REDUCTION IN THEIR PROPERTY TAX BILL.

THE NUMBER OF CITIZENS PARTICIPATING IN THIS PROGRAM SHALL BE LIMITED TO 50 SENIORS ELIGIBLE FOR A DISCOUNT ON THEIR WATER BILL AND 50 SENIORS ELIGIBLE FOR A CREDIT ON THEIR PROPERTY TAX BILL. ONE HUNDRED NAMES WILL BE DRAWN FROM A LOTTERY WHICH WILL TAKE PLACE ON THURSDAY, AUGUST 22, 2019. THE FIRST FIFTY NAMES PULLED WILL BE FOR THE WATER ABATEMENT WORK OFF PROGRAM. THE SECOND FIFTY NAMES PULLED WILL BE FOR THE PROPERTY TAX ABATEMENT WORK OFF PROGRAM.

IF SELECTED FOR THE PROPERTY TAX WORK-OFF PORTION OF THIS PROGRAM, YOU WILL BEGIN WORK ON MONDAY, SEPTEMBER 16, 2019 AND WILL NEED TO COMPLETE YOUR 62.5 HOURS BY FRIDAY, NOVEMBER 18, 2019. IF YOU ARE SELECTED FOR THE WATER PORTION OF THE WORK-OFF PROGRAM, YOU WILL BEGIN WORK ON MONDAY, FEBRUARY 10, 2020 AND COMPLETE YOUR 41.5 HOURS OF SERVICE BY APRIL 13, 2020.

THE CITY SHALL MAKE REASONABLE EFFORTS TO ACCOMMODATE THE WORK REQUESTS OF PARTICIPATING SENIORS, BUT FINAL DECISIONS ON WORK ASSIGNMENTS SHALL BE BASED SOLELY ON DEPARTMENT NEEDS.

**TO BE ELIGIBLE FOR THE PROGRAM, A SENIOR MUST BE AT LEAST SIXTY YEARS OF AGE APPLICATIONS WILL BE AVAILABLE AND ACCEPTED AT THE ASSESSOR'S OFFICE OR THE MAYOR'S OFFICE WITHIN CITY HALL BETWEEN JULY 1<sup>ST</sup> AND AUGUST 1<sup>ST</sup>. NO APPLICATIONS WILL BE ACCEPTED AFTER AUGUST 1<sup>ST</sup>. NO EXCEPTIONS.**

BY JULY 1<sup>ST</sup> OF THE FISCAL YEAR IN WHICH THE APPLICATION IS MADE, THE SENIOR MUST HAVE A PRINCIPAL PLACE OF RESIDENCE IN THE CITY OF REVERE AND HAVE OWNERSHIP IN THAT PRINCIPAL PLACE OF RESIDENCE. THE OWNERSHIP INTEREST MAY INCLUDE A JOINT TENANCY, TENANCY IN COMMON, TENANCY BY THE ENTIRETY, LIFE TENANCY OR BENEFICIAL INTEREST IN A TRUST WHICH TRUST HAS AN OWNERSHIP INTEREST IN THIS PRINCIPAL RESIDENCE.

IN NO EVENT SHALL A PERSON BE ELIGIBLE FOR THIS PROGRAM IF SUCH PERSON'S INCOME EXCEEDS \$75,667 FOR INDIVIDUAL APPLICANTS OR EXCEEDS \$92,454 FOR MARRIED APPLICANTS. INCOME WILL BE VERIFIED.

THE TAX ABATEMENT RECEIVED UNDER THIS PROGRAM MAY BE IN ADDITION TO ANY OTHER PROPERTY TAX EXEMPTIONS FOR WHICH THE SENIOR IS ELIGIBLE.

THE AMOUNT OF THE PROPERTY TAX ABATEMENT THE SENIOR RECEIVES UNDER THIS PROGRAM SHALL NOT BE CONSIDERED INCOME OR WAGES FOR PURPOSES OF STATE INCOME TAX WITHHOLDINGS, UNEMPLOYMENT COMPENSATION OR WORKMEN'S COMPENSATION.



CITY OF REVERE, MASSACHUSETTS

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OFFICE OF THE MAYOR

BRIAN M. ARRIGO

## SENIOR CITIZEN WORK-OFF ABATEMENT PROGRAM

**DEADLINE FOR SUBMISSION TO THE MAYOR'S OFFICE:**

**Thursday, August 1, 2019 at 5:00pm**

DATE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST) (LAST)

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

IS THIS ADDRESS A CONDOMINIUM? Y\_\_\_\_N\_\_\_\_  
(IF YES, DO YOU PAY YOUR OWN WATER BILL?)

ARE YOU 60 YEARS OR OLDER? Y\_\_\_\_N\_\_\_\_ (BIRTH CERTIFICATE, COPY OF  
DRIVER'S LICENSE OR PASSPORT REQUIRED)

ARE YOU AN OWNER/TRUSTEE OF THE PROPERTY AT YOUR CURRENT ADDRESS?  
Y\_\_N\_\_ (IF YOUR DOMICILE IS HELD IN A TRUST, YOU WILL BE CONSIDERED THE  
OWNER **ONLY** IF YOU ARE A TRUSTEE OR CO-TRUSTEE OF THAT TRUST **AND** YOU HAVE  
SUFFICIENT BENEFICIAL INTEREST IN THE DOMICILE.)

### INCOME LIMITATIONS:

IF YOU ARE SINGLE, DO YOU HAVE A TOTAL INCOME OF MORE THAN \$75,667?  
YES\_\_\_\_NO\_\_\_\_. (CURRENT INCOME TAX RETURNS, SOCIAL SECURITY  
STATEMENT, ETC. SHOWING INCOME FOR ELIGIBILITY.)

IF YOU ARE MARRIED, DO YOU HAVE A TOTAL INCOME OF MORE THAN \$92,454?  
YES\_\_\_\_NO\_\_\_\_. (CURRENT INCOME TAX RETURNS, SOCIAL SECURITY  
STATEMENT, ETC. SHOWING INCOME FOR ELIGIBILITY.)

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LIST THE CITY DEPARTMENTS WHERE YOU HAVE WORKED ON THE PROGRAM IN THE PAST OR DEPARTMENTS WHERE YOU MAY LIKE TO WORK. (*PLEASE UNDERSTAND THAT WE TRY TO ACCOMMODATE REQUESTS, BUT YOU WILL BE PLACED WHEREVER NEEDED*):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

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(NAME) (ADDRESS)

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(PHONE #) (RELATIONSHIP)

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time."

"In consideration of my employment, I agree to conform to the rules and regulations for the City of Revere and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City of Revere's option."

"I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City of Revere."

"I understand that no City representative, other than the Mayor, and then only when in writing and signed by the Mayor, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**(FOR AN INDIVIDUAL ONLY)**

**STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR  
USE IN LEASES, USES AGREEMENTS, ECT**

I \_\_\_\_\_, for myself, heirs, and assigns, hereby agree to defend, indemnify, and hold harmless the City of Revere against any claims or actions brought against the City as a result of loss, damage, property damage or personal injury resulting from or arising out of any act of mine relating to my participation in the Senior Citizen Work-off Abatement Program.

I have read this statement, and understand it, and sign it as my free act and deed in front of the witness whose name appears below.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date