BOARD OF SELECTMEN Revised: March 14, 2006
Wellfleet Senior Citizen Tax Work-Off Program Policy February 8, 2011
Original Date: August 23, 2005
2005-1

This program offers Wellfleet senior citizens the opportunity to participate in a property tax relief program to a maximum of $1000.00 per year in return for volunteer service to the Town. The program for Fiscal Year _____ will include work performed from July 1, _____ through June 30, _____. Participants in this program may still apply for other tax abatements for which they may be eligible under other statutes.

Eligibility:

- 60 years of age or older.
- Domiciled in Wellfleet.
- Homeowner or trustee or spouse of same.
- Residing at property for which tax relief sought.
- Limited financial resources.
    - Single: income maximum **$31,218** (for 2012)
    - Married: income maximum **$40, 824** (for 2012
    - Maximum incomes will be adjusted annually and matched to the maximum incomes for Low Income Home Energy Assistance Program (Fuel Assistance)
- Only one tax credit per household may be given.
- Married couples who reside in the same household are allowed to participate in the program but jointly may earn only up to one tax credit per household.
- Current employees of the Town who meet eligibility are welcome to participate, but will not be allowed to apply the work-off program to their assigned departments.

Terms:

- Credit for work will be given at the state minimum wage, and will be applied to the participant's Wellfleet real estate tax bill.
- Volunteer service on Town boards, commissions or committees will not be credited under this program.

Program Coordinator:

- A Program Coordinator, designated by the Town Administrator with a recommendation from the Council on Aging Director. The Coordinator shall assist with paperwork with the participants; monitor hours worked and submit the information to the office of the Town Clerk/Treasurer.
- Any problems or concerns between participants and job assignments will be referred to the Council on Aging Director for resolution.

Procedures:

- Department heads will submit a Departmental Request for a Volunteer Form along with a brief job description to the Town Administrator or designee. Once approved any available jobs will be forwarded to the Program Coordinator.
- Application by interested individuals should be made on the attached form to the Program Coordinator, who will interview the applicant and refer her/him to a department head who has requested volunteer assistance. An effort will be made to accommodate capacities and interests.
- Once an agreement has been reached between the department head and the applicant, the applicant shall be directed to the office of the Town Clerk/Treasurer to complete payroll paperwork. (No work will begin until this procedure is done.)
- The participant shall fill out and sign a daily timesheet on attached form and submit to the Program Coordinator bi-weekly. The Program Coordinator shall tally the hours worked and submit the totals along with the time sheets to the office of the Town Clerk/Treasurer for processing.

TO: DEPARTMENT HEADS

TOWN OF WELLFLEET SENIOR CITIZEN TAX WORK-OFF PROGRAM TAX YEAR 2012

MONTHLY REPORT OF HOURS WORKED

Date: _____

Volunteer: _____

Department: _____

Month & Year: _____

Hours Worked: _____

Report Submitted by: _____

Supervisor Signature: _____

Return to: Barbara Stevens
Program Coordinator
300 Main Street
Wellfleet, MA 02667

TOWN OF WELLFLEET SENIOR CITIZEN
TAX WORK-OFF PROGRAM
DEPARTMENTAL REQUEST FOR VOLUNTEER

Date: _____

Department: _____

Department Head: _____

Describe work you wish volunteer to perform: _____

_____

Total hours or hours per week (please specify): _____

List skills/tasks required:

- _____
- _____
- _____
- _____
- _____

Who will train/supervise volunteer? _____

It is understood that the Department Head has the right to approve or reject a volunteer after a probationary period.

It is understood that the Department Head or his/her delegate will provide any necessary training or supervision needed, as well as monthly documentation of hours worked.

T.A. Comments: _____

_____

Approval: _____

Return to: Program Coordinator, 300 Main Street, Wellfleet

TOWN OF WELLFLEET
SENIOR CITIZEN TAX WORK-OFF PROGRAM
APPLICATION

Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

Telephone: _____

E-Mail: _____

Social Security No.: _____

Property Owner: _____
Trustee: _____
Spouse: _____

Attestation: I am 60 years of age or older. _____

Attestation: I am domiciled at the street address entered above. _____

Attestation: Attached is a copy of last year's income tax filing. _____

Do you have any medical restrictions which might affect the type of work you can do?

_____

List experience, skills, interests which might be utilized in working for the Town.

_____

_____

Signature: _____