



Town of Lancaster

Senior Tax Work-Off Program

G.L. Ch. 59 Section 5K
978-365-3326x1000
www.ci.lancaster.ma.us

FY2025 Program Application Form

Work to be completed from November 1, 2023 to October 31, 2024

Abatement for hours worked will be applied to actual tax bills of FY2025

Return completed form to: Assessors Office, Town Offices (Prescott Building), 701 Main St, Lancaster MA 01523

Part 1: Applicant Eligibility

Name of Applicant: _____ Date of Birth: _____

Property Location: _____ Mailing Address: _____

Email: _____ Telephone #: _____

Are you the current
owner of the
property? _____ Yes _____ No

Form of
Ownership:
_____ Sole Owner
_____ Co-Owner with Spouse
_____ Co-Owner with Others,
indicate: _____

Is this property your
legal residence
(domicile)? _____ Yes _____ No

_____ Trustee of Trust
_____ Life Estate

Part 2: Medical and Physical Restrictions

Please indicate and explain any restrictions which may keep you from performing certain types of work.

Part 3: Commitment, Availability, and Work Hours

I can commit to working a total amount of hours for fiscal year 2025 of:

_____ 100 hours for maximum abatement of \$1500

_____ 66.75 hours for abatement of \$1000

_____ 33.50 hours for abatement of \$500

Please indicate which weekdays and hours you are available to work or any schedule issues. Please also use this part to indicate if you have transportation or issues which affect your ability to travel to work at certain times.

Part 4: Your Qualifications, Skills, and Experience

Please explain in detail your knowledge, skills, abilities, and experience which demonstrate your qualifications to work in available positions. Please use this section to explain your previous work experiences and to tell us about yourself. Attach your work history or resume. List past program participation jobs and any skills you feel would be helpful such as typing, data entry, gardening, grounds-keeping, building maintenance, mechanical, electrical, computer spreadsheet calculations, customer service, technology skills, relevant hobbies, etc. Remember, we use this information to match you to a job or need of the Town.

Part 5: Areas of Interest

Please indicate if there is any particular department you would like to work in and why.

Part 6: Disclaimer and Signature

I, the undersigned, certify that all above information provided is accurate and true to the best of my knowledge and that I understand the eligibility requirements and policies of the program. I understand that if approved for participation:

I am responsible to immediately notify program administrators in writing of any changes affecting my eligibility. I cannot begin work until notification of approval from the Lancaster Assessor’s Office and work assignments have been determined.

I must turn in signed timesheets to the Principal Assessor by the 5th of each month for hours worked the previous month. All hours must be completed, approved and submitted to the Appropriate Department Head on or before 12:00PM on 11/05/2024 in order to process abatement for tax bills.

_____ Signature _____ Date

Part 7: Application Disposition

Approval of Eligibility by Assessors Office (does not guarantee program participation approval):

_____ Approved _____ Denied Signature _____ Date _____



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Participation Agreement

The Town of Lancaster, a municipal corporation with offices at 701 Main St, Lancaster MA, hereinafter “the Town” and _____ (participant name) of _____ (participant address), Lancaster MA, hereinafter “the participant” agree as follows:

By signing this Participation Agreement, the participant attests that they have read and understood all eligibility requirements and program policies as written on the Program Information Sheet for the current fiscal year. The Participant is responsible to immediately notify program administrators in writing of any changes affecting their eligibility including pending sale or change in ownership status of their property to which the abatement is to be credited.

The Participant will provide service to the Town, maximum abatement amount of \$1,500.00, between the date of execution of this Agreement and October 31, 2024.

It is agreed and understood by both parties that the actual work assignments may be made on a week-to-week basis and may vary according to the needs of the department(s) to which the Participant is assigned. The nature of the work assignment shall be dictated by the needs of the Town and the head of the department(s) to which the Participant is assigned.

The Participant is a volunteer in this program and is not entitled to benefits under any classification, compensation, or benefit schedule.

This Agreement will terminate on October 31, 2024, but may be terminated sooner at the discretion of the Lancaster Board of Assessors upon no less than seven (7) days written notice of termination, which shall be given or mailed to the Participant’s residential address listed above.

Date: _____

Volunteer Participant: _____

Principal Assessor: _____



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STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR USE IN LEASES, USE AGREEMENTS, ETC.

I, _____ (participant name), through the signing of this document, indemnify, hold harmless and defend the Town of Lancaster and its agents and employees from all suits and actions, including attorney's fees and all costs of litigations and judgment of every name and description brought against the Town as a result of loss, damage or injury to person or property by reason of any act by:

Print Name

Signature

Date