

**CITY OF SPRINGFIELD - 2025**

**APPLICATION**

**SENIOR TAX WORK OFF PROGRAM**

1. **ELIGIBILITY INFORMATION**

**Full Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(include middle/maiden name)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CIRCLE APPROPRIATE RESPONSE**

**YES NO I am at least 60 years of age (as of July 1 2025)**

**YES NO I am a resident of Springfield**

**YES NO I own & reside in the dwelling for which credit is requested**

**YES NO My property tax bills are up to date**

**YES NO I am willing/able to work 67 hours.**

**YES NO I can work between 8:00am – 4:30pm, Mon.-Fri. from July 1st-October 1st 2025.**

**YES NO I am currently receiving a municipal abatement/exemption**

**YES NO I participated last year in the Tax Work Off Program**

**My annual household income is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

1. **PLACEMENT INFORMATION**

**What skills, talents, or interests do you have?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any medical restrictions that might keep you from working? Yes\_\_\_ No\_\_\_ Do you require any special accommodation in order to work? Please explain. Yes\_\_\_ No\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For those who are not selected, there are many other Savings Programs available: Circuit Breaker, Extra Help for Prescriptions, Fuel Assistance, and SNAP Benefits.**

**Check with our Outreach Department at 787-6125**

**Chapter 355 $1,000 ABATEMENT**

**QUALIFICATIONS FY 2026**

**YOU OR YOUR SPOUSE MUST BE 60 YEARS OF AGE AS OF JULY 1, 2025**

**IF YOUR HOME IS IN A TRUST, YOU MUST BE ONE OF THE TRUSTEES**

**YOU MUST BE 6O YEARS OF AGE AND A HOMEOWNER BY JULY 1ST 2025**

**THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH YOUR APPLICATION BEFORE IT CAN BE PROCESSED. PLEASE PROVIDE COPIES ONLY AS DOCUMENTS WILL NOT BE RETURNED. FAILURE TO SUBMIT ALL INFORMATION WILL RESULT IN DENIAL**

**PROOF OF YOUR AGE** EITHER A BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, OR DRIVER’S LICENSE/STATE I.D.

**COPIES OF ALL BANK STATEMENTS**. A MONTH’S WORTH OF BANK STATETENTS INCLUDE CHECKING AND SAVINGS **ALL PAGES**

**COPY OF MOST RECENT STATE & FEDERAL INCOME TAX FILINGS**. IF YOU DO NOT FILE TAXES, YOU MUST

CLEARLY STATE SO ON THE APPLICATION.

**ANY OTHER PROOF OF INCOME MUST BE SUBMITTED** SOCIAL SECURITY, CASH APPS, VENMO, ZELLE, ETC. ANYTHING THAT YOU RECEIVE THAT IS RECURRING WHETHER MONTHLY, WEEKLY, OR DAILY IN THE FORM OF LEGAL TENDER MUST BE SUBMITTED WITH YOUR APPLICATION

For Tax Year 2025, Massachusetts income must not exceed:

**$72,000** Single Individual who is NOT head of household

**$91,000** Head of Household

**$109,000** Married Couples Filing Jointly

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Use Only**

**ID Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Declined Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**