



TOWN OF HUBBARDSTON
COUNCIL ON AGING
7 Main Street Unit 3
Hubbardston, MA 01452
Tel.: (978) 928-1400 x 211 Fax: (978) 928-3392
coa@hubbardstonma.us

September 2, 2014

Dear Hubbardston Senior:

Enclosed is information on the Senior Tax Work-Off Program. Two items are included:

- Program Information and Procedures
- Program Application Form

Please review these materials thoroughly to determine if you are interested in applying to be a participant.

All applications must be received by the Council on Aging on or before September 19, 2014.

If you have any questions about the program, please call the Council on Aging at (978) 928-1400 ext. 211.

Thank you.

Sincerely,

The Council on Aging



TOWN OF HUBBARDSTON

SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

PROGRAM INFORMATION AND PROCEDURES

The Senior Citizen Property Tax Work-Off Program was established for Hubbardston residents under the provisions of Massachusetts G.L. Chapter 184 §52 of the Acts of 2002 amending G.L. Chapter 59 §5K.

Eligibility for the Program: The program is open to all Hubbardston property owners sixty (60) years of age or over whose primary residence is Hubbardston and who meet the specified income requirements, which are based on the Worcester County Median Low Income limits for HUD programs. The program is limited to fifteen participants each year. A person may participate in this program for more than one year as long as he or she meets the eligibility requirements and there is appropriate work available. A new application must be submitted each year.

Benefits of the Program: Eligible participants can receive an abatement of up to \$1000.00 per year on their real estate taxes by working as volunteers for the Town in a variety of capacities. The abatement is calculated at \$8.00 per hour for each volunteer hour worked under the program. Participants must work a minimum of 30 hours with a maximum of 125 hours in order to qualify for an abatement. This abatement program is in addition to any other personal exemption allowed under other statutes, such as elderly or veteran exemptions or property tax deferrals.

Administration of the Program: The program is administered by the Council on Aging with assistance from the Assessors' Office, Tax Collector, and Town Administrator.

Program Procedures:

- 1) Applications may be obtained in person from the Council on Aging Director or the Selectmen's Office, or printed from www.hubbardstonma.us or mailed to anyone calling the Council on Aging at (978) 928-1400 x211. Program information and applications are available by August 1 each year for all eligible participants as described above who have completed and returned the Town Census to the Town Clerk. Applications may be submitted either by mail (address is on application form) or in person to the Council on Aging on or before September 19, 2014.
- 2) When an application is submitted, the Council on Aging:
 - a) Reviews income eligibility, *which is confidential information.*

- b) Reviews skills and experience.
 - c) Checks requests for assistance that have been submitted by Town departments to see if an appropriate position is available.
 - d) Sets up an interview for the applicant with the Town department that has requested a volunteer.
 - e) Sends a letter to the applicant notifying him or her of a placement in a Town department where they will perform their volunteer work. The letter will include the approximate start and end date of the work, estimated number of hours, and the hourly wage rate. An applicant may refuse the first offer of a volunteer position.
 - f) Confirms with the Town department that the volunteer has accepted the position and notifies the department of the volunteer's available start date.
- 3) The Town department then calls the applicant to arrange a schedule for the volunteer work. The department is responsible for any training that is required.
 - 4) Once the volunteer work is completed, the department, in conjunction with the volunteer, completes a timesheet form and submits it to the Council on Aging. A copy of this timesheet is given to the volunteer.
 - 5) The Council on Aging fills out a "Certificate of Completion of Volunteer Services" and submits it to the Assessors' office for processing. The Assessors review the Certificate and, if all documentation is complete, grant a real estate tax abatement in an amount equal to \$8.00 times the number of hours of work that have been performed, not to exceed \$1000.
 - 6) Dates:
 - The Program Year runs from October 1 through September 30.
 - Certificate of Completion of Volunteer Services must be submitted to the Assessors' Office by October 15 to qualify for an abatement on the upcoming Actual (not Preliminary) real estate tax bill. This bill will usually be the 3rd Quarter bill, but could be the 4th Quarter bill if the tax rate is set after December 31.

(Example: work completed by September 1, 2015 will be eligible for credit against the actual real estate tax bill for FY16)
 - 7) **IMPORTANT: PARTICIPANTS SHOULD PAY THEIR TAX BILLS BY THEIR DUE DATES.**
 - 8) Applications of eligible participants who are not placed in a volunteer position will be retained and may be reviewed again later in the program year to determine whether a job opportunity has developed.
 - 9) In the event there are more applications than there are funds available, applications will be pre-screened for placement and those applications will then be subject to a lottery process for final acceptance.

If more program information is needed, please contact the Council on Aging at 978-928-1400 x 211, by email at coa@hubbardstonma.us or to 7 Main St Unit 3, Hubbardston, MA 01452. For questions on the abatement_process, please contact the Assessors' Office at 978-928-1400 x 203.

Town of Hubbardston
Senior Citizen Property Tax Work-Off Program

Dear Program Participant;

Under the regulations of the Internal Revenue Service, any individual participating in the Senior Tax Work Off Program which provides a reduction in property tax in return for services must have federal tax withheld. This includes both federal income and Medicare taxes. The only legal way to do this is to designate program participants as special employees of the Town of Hubbardston for your active work period. In no instance will the amount be considered taxable for the purpose of Massachusetts taxes, nor for workers compensation or unemployment insurance.

Social Security is not deducted because the Town of Hubbardston is a municipal employer. The Town is required to withhold OBRA, a form of deferred compensation which is an alternative to Social Security, at 7.5% of total earnings. You may request a refund of all the OBRA withheld once you complete your active work period as a special employee. When you complete your program hours, you "resign" from the program. Upon receiving written notice of the resignation from you, the Council on Aging will submit a termination form to the Treasurer's office which generates a termination of your active OBRA status. You or your beneficiary, in the event of your death, is the only person(s) who can request a refund of your withholdings from OBRA.

If you remain an active employee, state law dictates that you cannot continue to work as a volunteer for the Town in the same position in which you were paid as a Senior Tax Work Off Program participant. If you have resigned from the program after completing your hours each year you are no longer a special employee and are free to volunteer as you wish.

With these requirements, the following forms need to be filled out and submitted to the Treasurer's office:

- Federal W- 4
- State M-4
- I-9 Employment Eligibility Form
- OBRA Form
- Social Security Disclosure
- Conflict of Interest On Line Training Certificate of Completion
- Employee Information Form

Senior Citizen Property Tax Work Off Program Frequently Asked Questions

1. Do I have to become a town employee to get the tax deduction?

Yes, state law requires federal taxes and Medicare be withheld from the funds you earn under the program. The only way to deduct these taxes is to designate you as a town employee for the period that you work the program hours.

2. Will I be receiving a paycheck from the Town?

No, the funds will be applied directly to your tax bill as a credit.

3. Will there be deductions from my tax credit?

Yes, your credit will be the \$1000 minus the amount withheld for federal tax, Medicare tax and OBRA withholding. Depending on your particular situation your tax credit may be reduced by approximately \$75.00

4. What happens to the OBRA funds withheld from my tax credit?

The Commonwealth of Massachusetts invests these funds for you with the intent to be returned to you at the time of your retirement. You may request the withheld funds be returned to you immediately after you complete your program hours each year.



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Senior Tax Relief Work Program

APPLICATION

Section 1

Due on or before September 19

Name _____ Telephone # _____

Address _____

Email _____

Date of Birth _____

1. Application will be considered only when filled out completely and accompanied by a copy of the applicant's most recent property tax bill.
2. Eligibility is subject to age and residency conditions, as well as income guidelines established by the Council on Aging and the ability of the Town to place the applicant in available positions.
3. Recommendations for placement are made by the Council on Aging based on the skill and interests of the applicants and the needs of the various departments. While we do our best to place applicants based on preferences, it may be impossible for all applicants to obtain their first choice.
4. A Certificate of Completion will be submitted to the Assessors by the Council on Aging upon approval of the Department Head. The Assessors will review the certificate and process the abatement. Abatements may not exceed \$1000 per tax year.
5. Applicants must submit documentation of proof of income.
6. Return application to: Council on Aging
7 Main St Unit 3
Hubbardston, MA 01452

**HUBBARDSTON COUNCIL ON AGING
SENIOR TAX WORK -OFF PROGRAM**

APPLICATION- Section 2

Eligibility Requirements

Please answer the following questions:

I am over age sixty (60)..... Yes No

I and/or my spouse own the home in which I/we reside Yes No

I am a Hubbardston resident Yes No

I meet the financial guidelines listed below:

Number in Family:	1 Person	2 Persons	3 Persons
Income	\$45,100	\$51,550	\$58,000

My gross receipts from all sources of income in the preceding calendar year (including social security, pensions, other retirement allowances, wages, salaries, other compensation, net profit from business or profession, interest and dividends, rental income, capital gains, etc.) Please attach 1040 page 1 or Social Security statement. Applications will be considered incomplete without proof of income eligibility.

\$ _____

Please list any unusual expenses that affect your ability to meet living costs:

All information submitted is confidential and not public record.

HUBBARDSTON COUNCIL ON AGING
SENIOR TAX WORK -OFF PROGRAM

APPLICATION

Section 3

Job placements will be available in a variety of town departments.
Please indicate in which areas you would prefer to work.

Town Offices Senior Center Police Dept. Library
 DPW Cemetery Parks Other

Please list past experience and types of skills that might qualify you as a participant in the program:

Do you have a Driver's License? Yes No

Do you have any medical restrictions that might impact a working assignment? Please explain. (The Town of Hubbardston will make reasonable accommodations for participants who may be physically or mentally challenged.)

Do you wish to have an approved representative to provide the Town the services if you are physically unable? Yes No

Name: _____ Address: _____ Phone: _____

If I qualify for the Senior Tax Relief Work- Off Program, I understand that I may earn a maximum of \$1000, which will be in the form of an abatement to be applied to the real estate tax obligations for the property at which I reside, and I am legally responsible for paying property taxes. I certify under the pains and penalty of perjury that, to the best of my knowledge, the information provided in this application is true and accurate.

Signature: _____ Date: _____

For Office Use Only:	
Disposition of Application	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
Placement:	_____
Reason for Denial:	_____
Staff Signature:	_____ Date: _____

