

**WALPOLE ELDER SERVICE PROPERTY TAX CREDIT PROGRAM
APPLICATION**

NAME OF APPLICANT: _____

ADDRESS: _____ MAP & LOT: ____

TELEPHONE NUMBER: _____

SOC. SEC. #: _____

Are you sixty (60) years of age or older? yes no

Copy of age verification must be attached.

Do you receive any other abatement(s)? yes no

If yes, which abatement(s): _____

Do you reside at the above address? yes no
(Taxpayer must reside at the address listed for the Property Tax credit.)

Is a copy of the most recent tax bill attached? yes no

Work Experience:

Special Skills, Qualifications, etc.:

Type of work you would like to perform: _____

Work-site preference: _____

Work restriction(s): _____

I attest that the information above is accurate and true to the best of my knowledge and that I have read the program information, requirements, restrictions and procedures, and know that I may refer questions to the Council on Aging Director.

Taxpayer: _____ Date: _____

OFFICIAL USE ONLY

Preliminary Eligibility: Yes ___ No ___

COA Director: _____ Date: _____