

BOARD OF SELECTMEN
Wellfleet Senior Citizen Tax Work-Off Program Policy

Original Date: August 23, 2005

2005-1

Revised: March 14, 2006

Revised: February 8, 2011

Revised: July 28, 2015

Revised: January 26, 2016

This program offers Wellfleet senior citizens the opportunity to participate in a property tax relief program to a maximum of \$1000.00 per Fiscal Year in return for volunteer service to the Town. The program includes 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.
 - 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 Community Services Director. The Coordinator shall assist with paperwork with the participants; monitor hours worked and submit the information to the office of the Town Treasurer.
- Any problems or concerns between participants and job assignments will be referred to the Community Services 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 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 Treasurer for processing.

TO: DEPARTMENT HEADS

**TOWN OF WELFLEET SENIOR CITIZEN
TAX WORK-OFF PROGRAM**

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 WELFLEET 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: _____