



CITY OF MARLBOROUGH

140 Main Street, Marlborough, Massachusetts 01752
Tel. (508) 460-3770 Facsimile (508) 460-3698 TDD (508) 460-3610
www.marlborough-ma.gov

“SCRPT” 2013/2014 Senior Citizen Residential Property Tax Work-Off Program

The City of Marlborough values the wealth of skills and knowledge possessed by its senior residents. The “SCRPT” program provides seniors the opportunity to share their skills in service to the community and receive up to a \$1,000 abatement on their property taxes. The success of the program depends on the co-coordinated efforts of the various City departments requesting services, the program co-coordinator who matches the volunteers, the Assessor’s office that administers the abatement process and the Treasurer’s office where payments are submitted.

Attached is the application and related documents that **must be completed and returned in person to the Senior Center by Wednesday, September 4th before 4:00 p.m.** Please complete and sign the SCRPT application, and bring a copy your license or other government issued ID with you for submission. We recommend that you call in advance to ensure a staff person is available to accept your packet. Please keep the first two pages of this packet for your information.

An optional informational session will be planned at the Senior Center **in early September**, to answer any questions about the program or the application.

Thank you for your interest in the “SCRPT” program.

**KEEP THIS PAGE FOR YOUR REFERENCE
(DO NOT RETURN WITH APPLICATION)**



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(Office Use Only)

CITY OF MARLBOROUGH
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
"SCRPT" APPLICATION

BASIC INFORMATION

Date of Application: _____

Name: Mr. Ms. Mrs. _____
(circle one) Last First Middle Initial

Street Address: _____ Marlborough, MA 01752

Mailing Address (if different from above): _____

Primary Telephone: _____ [Home or Cell] Alternate: _____

E-mail: _____ Date of Birth: _____

ELIGIBILITY REQUIREMENTS

Please answer all of the following questions by circling YES or NO.

- 1) Are you over the age 60? _____ YES _____ NO
- 2) Have you lived in the City for at least five years? _____ YES _____ NO
- 3) Is this your primary residence? _____ YES _____ NO
- 4) Have you attached a copy of current tax bill? _____ YES _____ NO
- 5) Have you attached a copy of income records? _____ YES _____ NO

JOB SKILLS

In the following section, please include any skills you possess such as computer skills, or languages spoken.

Special Job skills: _____

Interests and hobbies: _____

WORK EXPERIENCE

In the following section, please complete the information for your most recent (or relevant) employment. Attach any additional employment experience to the back of this application.

1) _____

| Company/Organization Name | Address | Dates of Employment |
|---------------------------|---------|---------------------|
| | | |

Description of Responsibilities



CITY OF MARLBOROUGH
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

CONDITIONS OF PARTICIPATION



Please read and check each box in the spaces provided before signing:

| | |
|--|---|
| | Participants will be credited for actual hours worked only and will not receive any credit for holidays, sick days, or personal days. |
| | Participants are credited on a per hour basis and will not be given credit for partial hours worked. |
| | Participants are responsible for working the full 125 hours needed to achieve the maximum \$1,000 property tax abatement by June 30, 2014. |
| | Participants are not eligible for any benefits. |
| | Participants may be dismissed from the program at any time with just cause. Participants may choose to end their participation in this program by providing written notice to the Director of the Council on Aging. Participants who leave the program will not be eligible to return until the following fiscal year (participants who leave will be credited for hours worked to that point). |
| | I understand that this abatement will be considered income for federal tax purposes and that I may be liable for a Social Security assessment based on my retirement age (dependent on your date of birth). I accept responsibility for understanding any financial impact I may incur through my participation in this program. |

Understanding of Indemnification and Liability

I understand and agree to all the terms listed above. I further understand and agree to indemnify and hold harmless the City of Marlborough against any negligence claims brought by third parties on account of my participation in this program. In particular, I acknowledge my responsibility for the costs of defending the City against such a third-party claim and for the amount of any settlement or judgment in favor of the third party on account of my participation in this program.

PRINT NAME

SIGNATURE

DATE