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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) Are you the owner of record of the home?                      \_\_\_\_\_ YES \_\_\_\_\_ NO
- 4) Is this your primary residence?                      \_\_\_\_\_ YES \_\_\_\_\_ NO
- 5) Have you attached a copy of current tax bill?                      \_\_\_\_\_ YES (required when submitting application)
- 6) Have you attached a copy of income records?                      \_\_\_\_\_ YES (required when submitting application)

**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: \_\_\_\_\_





