

**TOWN OF LUDLOW
2018 SENIOR CITIZEN PROPERTY ABATEMENT PROGRAM
APPLICATION FORM**

NAME OF APPLICANT: _____

ADDRESS: _____

MAILING ADDRESS: _____

(If different from above)

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ Are you 62 years of age or older? Yes No

Are you legally domiciled at the above address? Yes No
(Taxpayer must reside at the address listed for the abatement)

Have you owned and occupied property in the Town for the prior 10 consecutive years? Yes No

Is the property that the abatement is going to be applied to in a Trust? Yes No
If Yes, are you listed as the Trustee? Yes No

Circle location of preference: Library Town Hall Schools Senior Center Golf Course

List special skills and desired type of work: _____

Any medical restrictions? Yes No

If yes, please explain: _____

Are you able to bend, lift, carry, sit, and stand for periods of time? Yes No

If I qualify for the program, I understand that I may earn a maximum of \$500.00 which can only be applied to my Town of Ludlow property tax. \$250.00 will be applied to the third quarter tax bill and \$250.00 will be applied to the fourth quarter tax bill. The Town of Ludlow will pay applicable payroll taxes. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEDERAL INCOME TAXES DUE. In accordance with the Massachusetts General Laws, the annual tax obligation will not be reduced below 10% of the annual tax.

I understand that I must complete the hours assigned according to the program guidelines.

Signature

FOR OFFICE USE ONLY

DEPARTMENT ASSIGNED: _____

DATE STARTED: _____ DATE COMPLETED: _____

I verify under the penalties of perjury that the above stated individual has completed the required number of hours to receive the Property Tax Abatement.

Authorized Signature: _____ Date: _____

Application Period: November 1, 2017 through December 29, 2017