

Senior Citizen Tax Work-Off Program Form DA-1

Name of Applicant: _____

Address: _____

Telephone #: _____

Social Security #: _____

Date: _____ Fiscal Year: _____

Part A: Eligibility

Are you 60 years of age or older? YES NO

Do you receive any other abatement? YES NO

If yes, which one? _____

Do you reside at the address listed above? YES NO

(Taxpayer must reside at the address listed for the reduction)

Part B: Income:

Does your income exceed the following?:

Married Couples: \$40,000 per year: YES NO N/A

Single: \$30,000 per year: YES NO N/A

Gross Receipts:

Retirement Benefits, Social Security/Railroad: _____

Other Pensions/Retirement Allowances: _____

Wages, Salaries/Compensations: _____

Interests and Dividends: _____

Other Receipts (rent, capital gains, etc.): _____

Total Income: _____

Part C: Work:

Type of work to be performed: _____

Department: _____

Do you have medical restrictions? YES NO

If yes, please explain: _____

Special Skills: _____

If I qualify for the program, I understand that I may earn a maximum of \$1,500 which can only be applied to my Town of Dedham property tax.

Taxpayer: _____ Date: _____

Department Head: _____ Date: _____