

Time Stamp Here

For office use only
Date Received: _____
Parcel ID: _____
Application is for FY: _____
Previous assignment: _____



CITY OF LYNN

Senior Citizen Property Tax Work-Off Abatement Application

M.G.L. Chapter 59 Section 5

Date: _____

Telephone: _____

Name: _____

Address: _____

ELEGIBILITY REQUIREMENTS: PLEASE ANSWER ALL OF THE FOLLOWING

	YES	NO
Are you over the age of 60?	_____	_____
Are you a person with a Disability?	_____	_____
Do you own a Residence?	_____	_____
Are you the primary Residence?	_____	_____
Is there a copy of current tax bill attached?	_____	_____
Is there a copy of last year's tax return attached?	_____	_____
Is CORI (Criminal Offender Record Information) attached?	_____	_____

Education:

Name

Graduation Date

High School: _____

College: _____

Other: _____

Volunteer Experience:

Name of Organizations	Dates	Duties
1. _____		

2. _____		

Other Interests, skills, and/or hobbies:

Work Experience:

(Please include employment name, address, phone number, and dates of employment)

Positions/Duties

1. _____

2. _____

Availability:

Month: _____
Day of Week: _____
Time of Day: _____

What type of community service do you prefer?

Computer Skills:

	None	Beginner	Intermediate	Advanced
Email:	_____	_____	_____	_____
Microsoft Word:	_____	_____	_____	_____
Microsoft Excel:	_____	_____	_____	_____
Microsoft Access:	_____	_____	_____	_____
MUNIS:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

In case of emergency, please notify:

SIGNATURE

DATE