

For Office Use Only
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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: _____

ELIGIBILITY REQUIREMENTS: PLEASE ANSWER ALL OF THE FOLLOWING

	YES	NO
Are you over the age of 60?	_____	_____
Do you own property in Lynn?	_____	_____
Is the property your domicile (permanent home)?	_____	_____
Copy of current tax bill attached?	_____	_____
Copy of last year's tax return attached?	_____	_____
Proof of age (driver's license, passport, etc.)	_____	_____
CORI (Criminal Offender Record Information) attached?	_____	_____

**Please see updated General Policies and Procedures and attach required documentation.*

Education:

Name	Graduation Date
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High School: _____

College: _____

Other: _____

Volunteer Experience:

Name of Organizations/ Dates/ Duties

- 1. _____

- 2. _____

Other Interests, skills, 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 volunteer work do you prefer? _____

Computer Skills:

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

Other: _____

In case of emergency, please notify: **Name:** _____ **Tel:** _____

SIGNATURE

DATE