



## TOWN OF MARBLEHEAD COUNCIL ON AGING

Suzanne Gruhl  
Chair, COA Board

10 Humphrey Street  
Marblehead, MA 01945

Lisa J. Hooper  
Executive Director

Tel: (781) 631-6225  
councilonaging@marblehead.org

### Town of Marblehead Application for 2024 Senior Citizen Property Tax Work-off Program

Name of applicant: \_\_\_\_\_  
*Please print*

Address: \_\_\_\_\_ Marblehead MA 01945

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### ***Part A: Eligibility Requirements – please answer ALL questions***

Age 60 or older	_____ yes	_____ no
Applicant, or current spouse, is homeowner	_____ yes	_____ no
Current property resident	_____ yes	_____ no
Can produce tax bills	_____ yes	_____ no
One person in household	_____ yes	_____ no (how many _____)

#### ***Part B: Gross receipts from all sources for the preceding calendar year:*** *(This information will be held in confidence. All participants must submit their (2023) 1040 Federal tax return to determine placement in program.)*

##### **Annual Household (include income from all in household) Income:**

Retirement benefits (Social Security, Railroad, federal, state, town)	\$ _____
Other pensions & retirement allowances	\$ _____
Wages, salary & other compensation	\$ _____
Other income (business profits, interest & Dividends, rent, capital gains, IRA, etc.)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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*Do you use a computer?* \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

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*Signature*

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*Date*

*The Town of Marblehead reserves the right to discontinue the Senior Citizen Property Tax Work-off Program without prior notification and reserves the right to discontinue a volunteer's participation in the program if the Town deems the volunteer's participation to be detrimental to the volunteer, the program, or the Town.*

**APPLICATIONS may be submitted from December 19, 2023 through January 19, 2024 to the attention of:  
Lisa Hooper, Director Marblehead Council on Aging, 10 Humphrey Street, Marblehead MA 01945**

**\*\*\* FOR OFFICE USE ONLY \*\*\***

**Applicant Name:** \_\_\_\_\_

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

***DISPOSITION OF APPLICATION:***

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Placement \_\_\_\_\_

Reason for denial \_\_\_\_\_

\_\_\_\_\_

Pending placement location \_\_\_\_\_

C.O.R.I. Pass \_\_\_\_\_ Fail \_\_\_\_\_

Conflict of Interest Training Date \_\_\_\_\_

\_\_\_\_\_  
COA Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Select Board

\_\_\_\_\_  
Date