



CITY OF REVERE, MASSACHUSETTS
281 BROADWAY
REVERE, MA 02151
PH. 781-286-8100
OFFICE OF THE MAYOR
PATRICK M. KEEFE, JR.

FY 2025 SENIOR CITIZEN WORK-OFF ABATEMENT PROGRAM

DEADLINE FOR SUBMISSION THURSDAY, AUGUST 1, 2024, AT 5:00PM.
*Please drop off applications to the Rossetti-Cowan Senior Center, 25 Winthrop
Avenue, Revere MA Monday-Thursday from 12:00-3:00pm.*

DATE: _____ Date of Birth: _____

NAME: _____
(FIRST) (LAST)

ADDRESS: _____

PHONE #: (_____) _____ - _____ EMAIL: _____

IS THIS ADDRESS A CONDOMINIUM? Y_____N_____
(IF YES, DO YOU PAY YOUR OWN WATER BILL?) Y_____N_____

ARE YOU 60 YEARS OR OLDER? Y_____N_____ (BIRTH CERTIFICATE, COPY OF
DRIVER'S LICENSE OR PASSPORT REQUIRED)

ARE YOU AN OWNER/TRUSTEE OF THE PROPERTY AT YOUR CURRENT ADDRESS?
Y___N___ (IF YOUR DOMICILE IS HELD IN A TRUST, YOU WILL BE CONSIDERED THE
OWNER **ONLY IF** YOU ARE A TRUSTEE OR CO-TRUSTEE OF THAT TRUST **AND** YOU HAVE
SUFFICIENT BENEFICIAL INTEREST IN THE DOMICILE.)

INCOME LIMITATIONS:

IF YOU ARE SINGLE, DO YOU HAVE A TOTAL INCOME OF MORE THAN \$92,575?
YES_____NO_____. (CURRENT INCOME TAX RETURNS, SOCIAL SECURITY
STATEMENT, ETC. SHOWING INCOME FOR ELIGIBILITY.)

IF YOU ARE MARRIED, DO YOU HAVE A TOTAL INCOME OF MORE THAN \$113,148?
YES_____NO_____. (CURRENT INCOME TAX RETURNS, SOCIAL SECURITY
STATEMENT, ETC. SHOWING INCOME FOR ELIGIBILITY.)

SENIOR CITIZEN WORK-OFF ABATEMENT PROGRAM

LIST THE CITY DEPARTMENTS WHERE YOU HAVE WORKED ON THE PROGRAM IN THE PAST OR DEPARTMENTS WHERE YOU MAY LIKE TO WORK. (*PLEASE UNDERSTAND THAT WE TRY TO ACCOMMODATE REQUESTS, BUT YOU WILL BE PLACED WHEREVER NEEDED*):

- 1. _____
- 2. _____
- 3. _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

(NAME)	(ADDRESS)
<hr/>	
(PHONE #)	(RELATIONSHIP)

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.”

“In consideration of my employment, I agree to conform to the rules and regulations for the City of Revere and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City of Revere’s option.”

“I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City of Revere.”

“I understand that no City representative, other than the Mayor, and then only when in writing and signed by the Mayor, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

“I understand that although English may not be my first language, I have enough working knowledge of the English language to perform my duties within the program.”

DATE: _____ **SIGNATURE:** _____

(FOR AN INDIVIDUAL ONLY)

**STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR
USE IN LEASES, USES AGREEMENTS, ETC**

I _____, for myself, heirs, and assigns, hereby agree to defend, indemnify, and hold harmless the City of Revere against any claims or actions brought against the City as a result of loss, damage, property damage or personal injury resulting from or arising out of any act of mine relating to my participation in the Senior Citizen Work-off Abatement Program.

I have read this statement, and understand it, and sign it as my free act and deed in front of the witness whose name appears below.

Print Name

Signature

Date



CITY OF REVERE

SENIOR CITIZEN WORK-OFF ABATEMENT PROGRAM FY 2025

THE CITY OF REVERE HAS ADOPTED THE PROVISIONS OF MA GENERAL LAW CHAPTER 59 SECTION 5K, AS AMENDED, WHICH ALLOWS FOR A SENIOR CITIZEN TAX WORK-OFF PROGRAM. FOR 2024, THE PROGRAM OFFERS 50 SENIORS THE OPPORTUNITY TO CONTRIBUTE 33.3 HOURS OF SERVICE TO THE CITY AND RECEIVE A \$500.00 REDUCTION IN THEIR WATER BILL. THE PROGRAM WILL ALSO OFFER 70 SENIORS THE OPPORTUNITY TO CONTRIBUTE 66.6 HOURS WITHIN VARIOUS CITY DEPARTMENTS AND RECEIVE A \$1000 REDUCTION IN THEIR PROPERTY TAX BILL.

THE NUMBER OF CITIZENS PARTICIPATING IN THIS PROGRAM SHALL BE LIMITED TO 50 SENIORS ELIGIBLE FOR A DISCOUNT ON THEIR WATER BILL AND 70 SENIORS ELIGIBLE FOR A CREDIT ON THEIR PROPERTY TAX BILL. ONE HUNDRED TWENTY NAMES WILL BE DRAWN FROM A LOTTERY WHICH WILL TAKE PLACE IN AUGUST 2024. THE FIRST SEVENTY NAMES PULLED WILL BE FOR THE INCOME TAX ABATEMENT WORK-OFF PROGRAM. THE SECOND FIFTY NAMES PULLED WILL BE FOR THE WATER ABATEMENT WORK OFF PROGRAM.

THE LOTTERY DRAWING FOR THE 2024 FISCAL YEAR WILL TAKE PLACE ON WEDNESDAY, AUGUST 21 2024 AT 10:00 AM IN THE CITY HALL COUNCIL CHAMBERS (281 BROADWAY, UPPER LEVEL). THOSE WORKING FOR THE TAX ABATEMENT CAN COMPLETE THEIR HOURS FROM SEPTEMBER 15- NOVEMBER 15. THOSE WORKING FOR THE WATER ABATEMENT CAN COMPLETE THEIR HOURS FROM JANUARY 2-MARCH 3.

THE CITY SHALL MAKE REASONABLE EFFORTS TO ACCOMMODATE THE WORK REQUESTS OF PARTICIPATING SENIORS, BUT FINAL DECISIONS ON WORK ASSIGNMENTS SHALL BE BASED SOLELY ON DEPARTMENT NEEDS.

TO BE ELIGIBLE FOR THE PROGRAM, A SENIOR MUST BE AT LEAST SIXTY YEARS OF AGE APPLICATIONS WILL BE AVAILABLE AND ACCEPTED AT THE ROSSETTI COWAN SENIOR CENTER BETWEEN JULY 1, 2024 TO AUGUST 1, 2024. NO APPLICATIONS WILL BE ACCEPTED AFTER AUGUST 1, 2024, 5:00PM DEADLINE. NO EXCEPTIONS.

BY JULY 1ST OF THE FISCAL YEAR IN WHICH THE APPLICATION IS MADE, THE SENIOR MUST HAVE A PRINCIPAL PLACE OF RESIDENCE IN THE CITY OF REVERE AND HAVE OWNERSHIP IN THAT PRINCIPAL PLACE OF RESIDENCE. THE OWNERSHIP INTEREST MAY INCLUDE A JOINT TENANCY, TENANCY IN COMMON, TENANCY BY THE ENTIRETY, LIFE TENANCY OR BENEFICIAL INTEREST IN A TRUST WHICH TRUST HAS AN OWNERSHIP INTEREST IN THIS PRINCIPAL RESIDENCE.

THE TAX ABATEMENT RECEIVED UNDER THIS PROGRAM MAY BE IN ADDITION TO ANY OTHER PROPERTY TAX EXEMPTIONS FOR WHICH THE SENIOR IS ELIGIBLE.

THE AMOUNT OF THE PROPERTY TAX ABATEMENT THE SENIOR RECEIVES UNDER THIS PROGRAM SHALL NOT BE CONSIDERED INCOME OR WAGES FOR PURPOSES OF STATE INCOME TAX WITHHOLDINGS, UNEMPLOYMENT COMPENSATION OR WORKMEN'S COMPENSATION.

REQUIRED DOCUMENTATION CHECKLIST:

___ **PROOF OF AGE:** BIRTH CERTIFICATE, COPY OF DRIVER'S LICENSE OR PASSPORT

___ **PROOF OF INCOME:** CURRENT 2023 INCOME TAX RETURNS, SOCIAL SECURITY STATEMENT, ETC. SHOWING INCOME FOR ELIGIBILITY.

___ **PROOF OF RESIDENCY:** (I.E. UTILITY BILL, CELL PHONE BILL)
