



## **TOWN OF PLAINVILLE**

190 South Street  
Plainville, Massachusetts 02762

### **Senior Tax Work-Off Abatement Program**

(M.G.L. Chapter 59, Section 5K)

Accepted:  
Annual Town Meeting  
of Plainville  
June 7, 2021

Implemented:  
January 1, 2021

**Updated: January 1, 2023**

**Senior Citizen Tax Work-off Abatement Program**  
**Section 5K of Chapter 59 of the Massachusetts General Laws**

**Eligibility and Program Guidelines:**

**1. Age**

Taxpayers must be over 60 to earn a property tax abatement under this program.

**2. Property Ownership**

Taxpayers must be an assessed owner of the property as of January 1 of the applicable assessment year or, if the property is subject to a trust, the senior must have legal title, (i.e. be one of the trustees) to the property on which the tax to be abated is assessed. Where there is a question, the Board of Assessors will make a final determination.

The taxpayer must have owned and occupied a home in Plainville for at least five (5) years.

**3. Maximum Abatement and Hourly Rate**

The maximum abatement taxpayers may earn is **\$1,200.00 per fiscal year**. In addition, they cannot receive credit for their services at an hourly rate higher than the state's minimum wage (**\$15.00 starting 1/1/2023**) or lower than the federal minimum wage.

The Town of Plainville follows its regular employment practice and offers reimbursement at the Massachusetts minimum wage rate.

Only one qualifying owner of the parcel may earn an abatement under this program per fiscal year. If a selected owner cannot fulfill the commitment for all hours, another owner of the same property may complete the program if he/she meets eligibility criteria and meets the requirement of the position.

**4. Qualification**

The number of taxpayers who can earn a maximum abatement of \$1,200.00 depends on the available balance in the overlay account and must be approved by the Board of Assessors for each fiscal year. **At \$15.00 per hour, taxpayers must work a total of 80 hours to receive an abatement in the maximum amount.** If a volunteer leaves the program before the full number of hours is worked, and no other owner of the parcel can complete the hours, another taxpayer owning another parcel may work the remaining number of hours not worked by the previous volunteer and receive an abatement for his/her hours worked.

Taxpayers must complete an application form and participate in a selection process. Seniors must be qualified to perform the essential functions of the position under this program with or without reasonable accommodations as outlined in the job description for the position for which s/he is applying.

Seniors may be asked to interview for a position and the person who best meets the needs of a position will be selected. All applications will be submitted to the Council on Aging Director. The application will be screened for eligibility.

The applications will then be forwarded to the department director who will make a recommendation for selection to the Director of the Council on Aging.

Program Selection is valid for one year. Applicants must re-apply annually if they wish to continue participation.

**5. Selection**

Selected individuals will receive written confirmation from the Council on Aging Director stating their job duties, location of job and name of supervisor, scheduled hours, and hourly rate of credit earned. They will receive necessary tax forms to be completed and a general orientation regarding their participation in the program.

Hours worked are documented on a monthly attendance sheet and initialed by the volunteer and his/her supervisor.

**6. Certification**

At the time the senior has worked up to 80 hours or voluntarily ends participation in the program the department director will complete a certificate of completion with the number of hours worked, and the amount of the abatement earned by the senior and will forward it to the Town Treasurer. The Treasurer will calculate all applicable deductions and forward the actual abatement amount to the Board of Assessors.

Certification must be submitted before the actual tax for the fiscal year is committed. As a result, credit earned for hours worked between January 1 and November 30 of any given year will be credited for the next fiscal year. (i.e. hours worked and credit earned between January 1, 2023 and November 30, 2023 will be certified for FY 2024 beginning on July 1, 2023).

**7. Tax Withholdings**

The abatement earned is subject to federal social security and Medicare withholdings and the senior is responsible for filing the income earned. The abatement is not subject to state income tax withholdings. The town will pay the employer share of the federal withholdings in the same manner as it does for all other employees. The employee's share of these deductions will be deducted from the abatement amount.

This means that the actual amount abated from the tax bill will be the amount earned less federal tax withholding.

**Questions regarding the program may be directed to Administrative Assistant to the Town Administrator, Town of Plainville, 190 South Street, Plainville, MA 02762, 508-695-3010 x470 or [bnoble@plainville.ma.us](mailto:bnoble@plainville.ma.us)**

## **Senior Tax Work-off Checklist for Applicants**

- Two Forms of proof of identification:
  - Passport
  - Driver's License
  - ID Card
  - Social Security Card
  - Military ID
  - Birth Certificate
- Proof of residency:
  - Last year's property tax bill



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190 South Street  
Plainville, MA 02762

**CONFIDENTIALITY AGREEMENT**

Whereas, in consideration of being able to participate in the Plainville Senior Tax Work-off Program, the below-signed applicant or volunteer working in place of the applicant may have access to information derived from files, conversations or other materials that contain personal, confidential and/or proprietary information that would otherwise be exempt from public disclosure by applicable public records laws;

Now, therefore, the below-signed applicant/volunteer promises and covenants not to disclose and to hold confidential information, data, and documents to which he/she has access or may encounter in the course of his/her service with the Town of Plainville through the Plainville Senior Tax Work-off Program.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Volunteer working in place of applicant - Printed Name

\_\_\_\_\_  
Volunteer working in place of applicant - Signature



# TOWN OF PLAINVILLE

## Employment Application

[www.plainville.ma.us](http://www.plainville.ma.us)

190 SOUTH STREET, PLAINVILLE, MASSACHUSETTS 02762  
Phone: 508-695-3142

### An Equal Opportunity/Affirmative Action Employer

The Town of Plainville is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, protected genetic information, gender identity, or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Plainville Administrator's Office.

A fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

### I. Contact Information.

Name	Date		
Address # and Street	City and State	Zip Code	
Home Telephone	Cell Phone	email	

### II. Position Applying For (Please specify position title or job category).

How did you hear about the position?

Are you available to work  Full-time  Part-time  Other

Have you ever been employed by the Town of Plainville? When? What department?

Do you have any relatives working for the Town? If "yes", who?

If hired, can you provide proof of citizenship or legal right-to-work?  Yes  No

Are you on a layoff and subject to recall?  Yes  No

Are you a veteran of the U.S. Armed Services?  Yes  No

### III. Education.

School	Name, Address, City, State	Dates Attended	Diploma, Degree/Certification
High School			
College			
Graduate School			
Trade, Business, Night Courses			
Military Service, Other Training			



# Employment Application

**IV. Licenses** (Please list all licenses you possess that are relative to the position you seek). A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)?  Yes \_\_\_\_\_  No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_  
Do you have a valid CDL license (Class A or B)?  Yes \_\_\_\_\_  No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_  
Do you have a valid Hydraulic license?  Yes \_\_\_\_\_  No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_  
What other valid licenses or certifications do you possess (job-related)? \_\_\_\_\_

**V. Office Skills (If applicable).**

Skill	Check the column that you feel best describes your knowledge:	✓ Beginner	✓ Intermediate Level	✓ Advanced Level
Knowledge of Word Processing				
Knowledge of Spreadsheets				
Knowledge of Databases				
Automated Accounting System Knowledge				
Bookkeeping				
Graphics				
Technology (website, networking, etc.)				

**VI. Special Skills.**

Please list any other skills or abilities you feel are relevant:

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**VII. Employment History.** (please do not write "see resume")

Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. You (.) may (—) may not contact my present employer.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Reason for Leaving	

Description of Primary duties:

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## Employment Application

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Reason for Leaving	
Description of Primary duties:	

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Reason for Leaving	
Description of Primary duties:	

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Reason for Leaving	
Description of Primary duties:	



# Employment Application

**VIII. References:** (a minimum of 3 references is required. Please do not write "see resume")

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

**IX. Employment of Minors.**

The Town of Plainville is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: \_\_\_\_\_

**X. Citizenship or Immigration Status.**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 YES       NO

Proof of citizenship or immigration status will be required upon employment.

**XI. Lie Detector Test.**

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**XII. Applicant's Statement**

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Plainville does not imply that I will be employed.
- B. The information that I have provided is true and complete. In the event of employment, I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Plainville is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Plainville receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Plainville may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Plainville to obtain any



## Employment Application

information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline.

Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Plainville any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Plainville's use only.

- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Plainville, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, psychological examination (if required), that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, that the Town of Plainville is an at-will employer and I am employed for an indefinite period of time. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.
- I. I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Contract Act of 1986 within three (3) days of the date of hire.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment and seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please Print)

Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition, or privilege of employment that limits or adversely affects employment opportunities, because of political or religious opinions or affiliations, or because of race, color, sex, gender identity, genetic information, sexual orientation, national origin, ancestry, marital status, military status, pregnancy, parenthood, age or handicap which is unrelated to a person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification, or any other protected class under the law, is prohibited



# Employment Application

COMPLETION OF THIS FORM IS OPTIONAL

TO BE USED BY THE TOWN OF PLAINVILLE'S EEO/AAC REPORTING REQUIREMENT

**INVITATION**  
Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap. The Town of Plainville, as part of its commitment to equal employment opportunity and to its affirmative action program, invites all applicants to provide the following information.

The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel for research, reporting and evaluation purposes. The information is needed to document the hiring practices of the Town of Plainville and to assess the effectiveness of its affirmative action program. Your cooperation would be appreciated but is entirely voluntary.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

SEX:

Male  
 Female

AGE:

under 16  
 16-39  
 40-69  
 70+

ORIGIN

White  
 Black  
 Hispanic  
 Asian/Pacific Islander  
 American Indian  
 Alaskan Native  
 Cape Verdean

HANDICAP

Mental  
 Physical  
 None

VIETNAM ERA VETERAN

Yes  
 No

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