



## 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 the Residence?	_____	_____
Is it your primary Residence?	_____	_____
Is CORI (Criminal Offender Record Information) attached?	_____	_____

What is your annual income? (Please attach a copy of tax return) \_\_\_\_\_

Are you or a member of your immediate family an employee of the City of Lynn? \_\_\_\_\_

#### 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: \_\_\_\_\_

**In case of emergency, please notify:**

\_\_\_\_\_