

2198 Main Street Brewster, MA 02631-1898 Phone: (508) 896-3701 Fax: (508) 896-8089

SENIOR REAL ESTATE TAX ABATEMENT PROGRAM

The Senior Real Estate Tax Abatement Program matches municipal volunteer opportunities in the Town of Brewster with eligible senior citizens who are qualified and able to volunteer their services in exchange for a reduction in their real estate tax bills. Program participants may work in a variety of jobs for the Town.

Senior Real Estate Tax Abatement 2024 Program Overview (Fiscal Year 2025)

Tax Credit Amount

In exchange for 67 hours of volunteer service, the Town will abate the annual real estate property tax by \$1,000.00* (*less mandatory deductions), **or**

In exchange for 33.5 hours of volunteer service, the Town will abate the annual real estate property tax by \$500.00* (*less mandatory deductions).

Half of the net abatement amount will be deducted from the fall real estate tax bill and the remainder will be deducted from the spring real estate tax bill. Volunteer service hours must be completed before September 1, 2024.

Program Eligibility Requirements

- Town of Brewster Taxpayer who is age sixty (60) or older.
- Homeowner and occupant as of July 1st of the prior calendar year for the property that the abatement is requested (if the property is in a trust, you must have legal title, i.e., be one of the trustees).
- Owned and occupied real estate in Brewster for the preceding five (5) years.
- Limit of one (1) Senior Real Estate Tax Abatement per property, if you own multiple properties only your domicile is eligible for abatement, only one (1) owner can apply for this abatement (Note; You will continue to receive other exemptions to which you are entitled).
- Priority will be given to those residents whose annual income is less than \$58,496 if single, \$66,861 if married and to those who have not previously participated in the program.
- Must be current with payment of all Town taxes.
- Residents may only participate in either the Senior Tax Work-off or Veterans Work-off Program, not both.
- The abatement will be posted to the real estate tax account once the first half bill has been issued. If you sell your property prior to receiving the posted abatement, an agreement will need to be made between the buyer and seller at closing regarding the property tax abatement.



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Volunteer Assignment Criteria

- Applicants should have skills & qualifications that match volunteer assignment requirements.
- The service requirement must be completed before September 1, 2024.
- Hours may not be saved or carried over to the next program year.

Mandatory Deductions for Participants Deducted from Gross Abatement Amount

- OBRA; 7.5% gross contribution unless exempt (this amount may be returned at the end of the program).
- Medicare; 1.45% gross contribution.

State & Federal Tax Obligations

- Exempt from MA taxes.
- Included in taxpayers gross income for both Federal & FICA purposes through a W-2 form.

Benefits; Health/Life/Workers Comp

• Not eligible for any Town benefits.

Application Process

• Complete applications, including all attachments, are due to the Council on Aging no later than December 8, 2023.

TOWN OF BREWSTER COUNCIL ON AGING 1673 MAIN STREET BREWSTER, MA 02631 (508) 896-2737 FAX: (508) 896-7587

Brewster Senior Volunteer Property Tax Abatement Program

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SENIOR REAL ESTATE TAX ABATEMENT PROGRAM APPLICATION

DEADLINE: December 8, 2023

Date:		
Name of Owner:	_	
Social Security Number:	_	
Address of Residence:(Owner <u>must</u> occupy the above residence)	_	
Mailing Address (if different):		
Home Telephone Number:		
Cell Phone Number:		
Email Address:		
Emergency Contact Name & Phone Number:		
Please check only one; I am applying for the:		
\$500.00 tax abatement (33.5 hours of volunteer	service)	
\$1,000.00 tax abatement (67 hours of volunteer	service)	
Eligibility Requirements		
	<u>YES</u>	<u>NO</u>
Over age 60 (provide copy of driver's license or birth certificate)		
Brewster resident (provide copy of current tax bill)		
Income eligibility (provide copy of 2022 form 1040, first 2 pages) (Please note that additional financial information may be requiaccount statements. All submitted information will be confident		or other asset



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Department(s) you would prefer volunteering for:

	Town Hall (spe Police Departm Stony Brook El Recreation Dep Captains Golf C Swap Shop Natural Resource	ent ementary School eartment Course	W Eo Do L	re Department fater Department ddy Elementary Scho puncil on Aging ept. of Public Works adies Library crosby Mansion	ool
1.	Estate Tax Abater	plied or received any ment Program or the es, please list the depa	Veteran Real Estat	e Tax Abatement Pro	ogram? Circle:
2.	Are you currently departments.	volunteering with the	e Town? Circle:	YES NO If yes,	please list the
3.	Please discuss tho position. Please lis	se past experiences a st three skills.	nd types of skills	which might qualify	you for this
4.	Computer skills: I data entry task:	Please circle the word No Computer Use	l that best describe Fair	s your comfort level Good	performing Excellent
Circle the software programs you are familiar with:					
MS	S Excel	MS Word	MS PowerPoint	Other	



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5. Hours Available:	Mornings:	Afternoons:
Days of the week that	t you are available:	
6. Are there any restri	ictions that may keep you from volun	teering for a particular kind of work or

that may require specific work accommodations? Please explain.



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If I qualify for the Senior Property Tax Abatement Program, I understand that I may earn a maximum of \$1,000.00* credit (*less mandatory deductions) which can only be applied as an abatement to my Town of Brewster Property Tax. Half of the net abatement amount will be deducted from the fall real estate tax bill and the remainder will be deducted from the spring real estate tax bill. No money will be exchanged. It is my responsibility to report this earning to the IRS during the tax year it is received. This is not considered income for the purposes of Mass. State income Tax Returns. I also understand that no partial credit will be issued and that credit shall not be carried over to the following year.

The below signature indicates that this application has been prepared or examined by the person signing below. Under pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Signature	Date
APPLICANT CHECKLIST	
Participant Application (completed in full, signed and dated)	
Copy of most recent property tax bill	
Copy of driver's license or birth certificate	
Copy of first 2 pages of 2022 Form 1040	
CORI Form	



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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Town of Brewster is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal to the DCJIS. I hereby acknowledge and provide permission to the Town of Brewster to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Brewster written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Brewster may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Town of Brewster must first provide me with written notice of this check.

	onsent to a CORI check and acknowledge that the
information provided on page 2 of	This Acknowledgement Form is true and accurate.
Signature	Date

$\underline{SUBJECT\ INFORMATION}\text{: (A red asterisk (*) denotes a required field)}$

*Last Name	*Fir	st Name	Middle	e Name	Suff
Maiden Name (or other n	ame(s) by v	vhich you hav	re been known)		
*Date of Birth		Place of Birth		-	
*Last Six Digits of Your S	Social Secur	ity Number:			
Sex: Height:	_ft in.	Eye Color: _	Ra	ce:	_
Driver's License or ID Nu	ımber:		State of Is	sue:	
Mother's Full Maiden Nar	ne		Father's Full Nam	e	
Current and Former Addr	esses:				
Street Number & Name		City/To	own	State	Zip
Street Number & Name		City/To	own	State	Zip
The above information waidentification:	s verified by	y reviewing th	e following form(s	s) of governme	nt-issued
VERIFIED BY:N	ame of Verif	ying Employe	ee (Please Print)		
	Signatu	re of Verifying	j Employee		