



2020-2021  
Senior Citizen Tax Work-Off Program  
APPLICATION

**Application Deadline- April 1, 2020**

**PLEASE PRINT LEGIBLY**

**General Information:**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Age: \_\_\_\_\_

Property Address: \_\_\_\_\_ Saco, ME

Mailing Address (if different from above): \_\_\_\_\_

Number of years living at above address: \_\_\_\_\_ Number of years living in Saco: \_\_\_\_\_

Home Phone and Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Map and Lot number as it appears on Tax Bill: Map: \_\_\_\_\_ Lot: \_\_\_\_\_

**Please respond to the following statements:**

1. I am a legal resident and owner of record of real property in the City of Saco currently and for the past 3 years. YES \_\_\_ NO \_\_\_
2. I have limited financial resources. YES \_\_\_ NO \_\_\_
3. I am at least 65 years old as of April 1, 2020. YES \_\_\_ NO \_\_\_
4. Train Hosts: I give permission to share my phone number in the station phone list for the purposes of finding substitutes as needed. YES \_\_\_ NO \_\_\_

**Income Eligibility:**

All applicants will need to provide proof of income by submitting a copy of 2019 Maine State Income Tax Forms or provide other documentation to verify income level.

*My last year's "Maine adjusted household income" is **below** the following income limits. Please check the box that correlates with your income level and number in your household.*

**Median Income – Department of Housing and Urban Development (HUD 2019)**

**Number in Household**

**Income Limit**

- |                            |          |
|----------------------------|----------|
| <input type="checkbox"/> 1 | \$41,100 |
| <input type="checkbox"/> 2 | \$46,950 |
| <input type="checkbox"/> 3 | \$52,800 |
| <input type="checkbox"/> 4 | \$58,650 |

**Please Answer the Following:**

1. Please describe your work history/skills and experience.

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2. What type of position would you prefer? Is there anything you would not prefer?

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3. What days and hours are you available to provide service hours?

*Mornings? Afternoons? Evenings?*

Please check (✓) the day and circle am, pm or eve.

\_\_\_ MONDAY      am pm eve

\_\_\_ FRIDAY      am pm eve

\_\_\_ TUESDAY      am pm eve

\_\_\_ SATURDAY am pm eve

\_\_\_ WEDNESDAY am pm eve

\_\_\_ SUNDAY      am pm eve

\_\_\_ THURSDAY      am pm eve

4. Please explain why you are applying.

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5. Please explain the issue of need, including any extenuating circumstances.

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To the best of my knowledge the statements in this application are true.

Applicant signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Please return completed applications, including all required attachments, to Mary Starr, Senior Volunteer Coordinator, City Hall Annex 11 Cutts Ave. Saco, Maine 04072 or send via email to [mstarr@sacomaine.org](mailto:mstarr@sacomaine.org).



## CONFIDENTIALITY AGREEMENT

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I understand that while performing certain assignments with the Senior Citizen Tax Work-Off or municipal volunteer programs, I may come into contact with confidential and proprietary personal information regarding the City of Saco, residents and employees. I understand that I am bound to maintain the confidentiality of this information and therefore agree as follows:

- I shall maintain the confidentiality of any and all proprietary information and not reveal or disclose the contents to anyone unless directed to do so by a City of Saco official.
- I shall not make use of any such confidential and proprietary information for my own purposes or for the benefit of any party other than the City of Saco.
- I shall not make any copies of confidential and propriety personal information unless so instructed by the Department Head to whom I am assigned.
- I shall deliver promptly to my assigned department, upon completion of the assignment, any and all documents (and all copies thereof) constituting or relating to such confidential and proprietary information which I may have in my possession.
- I voluntarily acknowledge and agree that any breach of this agreement by me could cause harm to the City of Saco, its residents and employees.

### AGREED TO AND ACCEPTED:

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Name

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Signature

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Date

**CITY USE ONLY**

- Application Date \_\_\_\_\_
  - DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Verification DL \_\_\_\_\_ BC \_\_\_\_\_ Other \_\_\_\_\_
  - Length of Residency: Voter Registration \_\_\_\_\_ Other \_\_\_\_\_
  - Homestead Ownership: Property Records \_\_\_\_\_ Other \_\_\_\_\_
  - Background Check
  - Federal and Maine forms (W-4, I-9, contact form, EEOC)
  - Maine State Income Tax Form attached/Income Verification forms
  - Accepted: Department assignment \_\_\_\_\_
  - Denied: Reason for Denial: \_\_\_\_\_
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\_\_\_\_\_  
Senior Volunteer Coordinator, Mary Starr

Date \_\_\_\_/\_\_\_\_/\_\_\_\_