

# Town of Ayer

## Senior Citizen Property Tax Work-off Abatement Program

Chapter 184 S52 of the Acts of 2002  
(Amending G.L. Ch. 59 S5K)  
978-772-8220, x104

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

### CY 2024 (FY 2025) Application Form

Work to be completed during calendar year 2024

Abatement for hours worked will be applied to actual tax bills of FY 2025

Return completed form to: Benefits and Payroll Office, Town Hall, One Main Street, Ayer, MA 01432

Prior participants in the program should notify the Benefits and Payroll Manager to reserve their participation in 2024.

#### Part 1 Applicant Eligibility ( ) Check here if you are a returning participant

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Location: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Did you own the  
property on \_\_\_\_\_ Yes \_\_\_\_\_ No

January 1, 2024?

Was this property  
your legal residence \_\_\_\_\_ Yes \_\_\_\_\_ No  
(domicile) on  
January 1, 2024?

Form of  
Ownership: \_\_\_\_\_  
\_\_\_\_\_ Sole Owner  
\_\_\_\_\_ Co-Owner with Spouse  
\_\_\_\_\_ Co-Owner with Others,  
indicate: \_\_\_\_\_  
\_\_\_\_\_ Trustee of Trust  
\_\_\_\_\_ Life Estate

#### Part 2 Medical and Physical Restrictions

Please indicate and explain any restrictions which may keep you from performing certain types of work.

#### Part 3 Commitment, Availability, and Work Hours

I am available to work for a total amount of hours in calendar year 2024 in the amount of:

\_\_\_\_\_ 125 hours for maximum abatement of \$1,875

\_\_\_\_\_ Other

Please indicate which weekdays and hours you are available to work or any schedule issues. Please also use this part to indicate if you have transportation or issues which affect your ability to travel to work at certain times.

#### Part 4 Your Qualifications, Skills, and Experience

Please explain in detail your knowledge, skills, abilities, and experience that demonstrate your qualifications to work in open positions. Please use this section to explain your previous work experience and to tell us about yourself. Attach your work history or resume. List past program participation jobs and any skills you feel would be helpful such as typing, data entry, gardening, grounds-keeping, building maintenance, mechanical, electrical, computer or technology skills, customer service, relevant hobbies, etc. Remember, we use this information to match you to a job or need of the Town!

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#### Part 5 Areas of Interest

Please indicate if there is any specific department you would like to work in and why.

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#### Part 6 Disclaimer and Signature

I, the undersigned, certify that all above information provided is accurate and true to the best of my knowledge and that I understand the eligibility requirements and guidelines of the program and that if approved for participation:

- a. I will immediately notify the program administrators in writing of any changes affecting my eligibility.
- b. I will be notified of my acceptance and work assignments.
- c. I will keep a log in and out at the assigned location for hours. All hours must be completed, approved, and submitted to the Benefits and Payroll Manager on or before 12:00 P.M. on 11/1/2024 to process abatement for tax bills.

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

\_\_\_\_\_  
Date

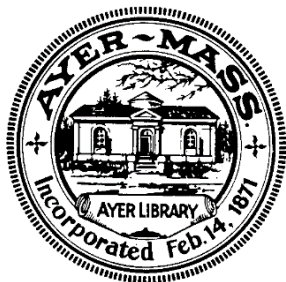
#### Part 7 Application Disposition

Approval of eligibility by the Board of Assessors (this does not guarantee program participation):

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Selection for Participation by the Benefits and Payroll Manager:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Participation Agreement

The Town of Ayer, a municipal corporation with offices at 1 Main Street, Ayer MA, hereinafter “the Town” and \_\_\_\_\_ of \_\_\_\_\_, Ayer MA, hereinafter “the participant” on this \_\_\_\_\_ day of \_\_\_\_\_, agree as follows:

The Participant will provide service to the Town for a maximum of one hundred twenty-five hours (125) between the date of execution of this Agreement and November 1, 2024.

It is agreed and understood by both parties that the actual work assignments may be made on a week-to-week basis and may vary according to the needs of the department to which the Participant is assigned.

The nature of the work assignment shall be dictated by the needs of the Town and the head of the department to which the Participant is assigned.

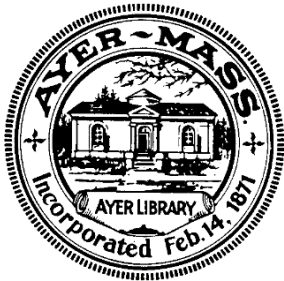
The Participant is a volunteer in this program and is not entitled to benefits under any classification, compensation, or benefit schedule.

This Agreement will terminate on November 15, 2024, but may be terminated sooner at the discretion of the Ayer Town Manager upon no less than seven (7) days written notice of termination, which shall be given or mailed to the Participant’s residential address listed above.

Senior Citizen Participant: \_\_\_\_\_

Benefits and Payroll Manager: \_\_\_\_\_

Department Head: \_\_\_\_\_



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### STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE FOR USE IN LEASES, USE AGREEMENTS, ETC.

I, \_\_\_\_\_, through the signing of this document, indemnify, hold harmless and defend the Town of Ayer and its agents and employees from all suits and actions, including attorney's fees and all costs of litigations and judgment of every name and description brought against the Town as a result of loss, damage or injury to person or property by reason of any act by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature