



**CITY OF NEWTON
PROPERTY TAX WORK-OFF PROGRAM
FISCAL YEAR 2026**

SENIOR APPLICATION

This application is not open for public inspection

Ruthanne Fuller
Mayor

Date: _____

Name of Applicant: _____ Telephone: _____

Address: _____ Property ID: _____

Social Security No.: _____ Marital Status: _____ Date of Birth: _____

IDENTIFICATION

Age on July 1st: _____ **Residence** as of July 1, 2025 Address: _____

Annual Gross Income: \$ _____ Please provide a copy of your 2024 Federal Tax Return.

If you did **NOT** file a Federal Tax return for 2024*, please provide copies from all income sources during calendar year 2024.

- Social Security Statement for 2024 Received
- Copy of bank statements for 2024 Received
- Copy of pension or retirement statements for 2024 Received
- Copy of Interest or dividend statements for 2024 Received
- Other Income Statements _____ Received

*Tax return filing will be verified with the Internal Revenue Service

Maximum Work-Off Credit Allowed per Household is \$3,000.00

This application has been examined by me. Under the 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

Disposition of Applicant (Assessors' use only)

Does Qualify Does not qualify

Reviewed by: _____ Date: _____

REQUEST FOR PROXY

I wish to apply for the Senior Tax Work-Off Program but I am unable to perform any of the work. *

I wish to request that the following volunteer be authorized to work on my behalf.

Name: _____ Phone: _____

Address: _____

* Include medical documentation showing your inability to perform the work.

PROXY WORKER AGREEMENT

I, _____, agree to provide up to 200 hours of service to the City of Newton
(Print Name of Proxy)

on behalf of _____ .
(Print Name of Homeowner)

I understand that I will receive no compensation or other benefits for these hours of service, as the homeowner listed above will receive a property tax credit for the total number of service hours that I perform for the City of Newton. I further understand that these service hours must be reported as income to the Internal Revenue Service therefore, I will receive an IRS Form W2, Wage and Tax Statement, from the City of Newton for the hours worked.

Proxy Signature

Date

RETURN COMPLETED FORM TO:

NEWTON CITY HALL
ASSESSMENT ADMINISTRATION
1000 COMMONWEALTH AVE
NEWTON CENTRE, MA 02459

Disposition of Proxy (Assessors' use only)

Proxy Approved Proxy not Approved Reviewed by: _____ Date: _____