



Town of Reading
16 Lowell Street
Reading, MA 01867-2683

Marie M. Ammer, L.C.S.W
 Elder/Human Services
 Phone: (781) 942-6659
 Fax: (781) 942-9071
 Website: www.readingma.gov

**Senior Citizen Property Tax Work-Off Program
 Application**

Name: _____
 Address: _____
 Phone # (Home) _____ (Cell) _____
 Email: _____

1. How old are you? _____
2. Do you and/or your spouse own and occupy the home for which you are requesting assistance? _____
3. How many people reside in this household? _____

4. List income for every person who resides in the household"	Annual Gross Amount
a) Social Security	\$ _____
b) Pension	\$ _____
c) Employment	\$ _____
d) Investment (i.e. interest, dividends, capital gains, etc)	\$ _____
e) Other: ...(describe).....	\$ _____

Total Gross Annual Income From All Sources \$ _____

Please describe any unusual expenses that affect your ability to meet living costs.

If I qualify for the Property Tax Work-Off Program, I understand that I may receive an abatement to my property tax bill of up to \$1,000.00.

Signature: _____ Date: _____

Be sure to complete both sides of the application.