# TOWN OF NAHANT
# SENIOR AND VETERAN PROPERY TAX WORK-OFF PROGRAM APPLICATION

PLEASE COMPLETE THIS FORM (2 pages) AND RETURN TO SHEILA HAMBLETON AT 334 NAHANT RD, NAHANT- ASSESSORS OFFICE OR TO SHAMBLETON@NAHANT.ORG. APPLICATIONS SUBMITTED AFTER THIS DATE MAY OR MAY NOT BE CONSIDERED. APPLICATIONS MUST BE RETURNED IN PERSON, BY MAIL, OR BY EMAIL BY 8/15/2026

Name:_____ Telephone: (_____ )_____

Email:_____

Property Location/Address:_____

☐ This is a joint application* (two individuals at the same residence)

Second applicant name:_____

*****Both individuals must complete individual applications, but abatement is only available for a total of 100 hours/$1,500.00 per household starting 1/1/2022 for Veterans or Seniors: 134 hrs of work for $2,000.00*

| **Eligibility**: | Yes | No | **Town Official initials** |
|---|---|---|---|
| Nahant property owner on January, 1st | ____ | ____ | _____ (Assessor) |
| Age 60 years minimum on Jan. 1st (driver's license) | ____ | ____ | _____ (Assessor) |
| OR | | | |
| Qualifying Veteran | ____ | ____ | _____ (Vet Agent) |
| Reside at property for which abatement requested | ____ | ____ | _____ (Town Clerk) |
| Past participation | ____ | ____ | _____ (HR) |
| Recipient has a substitute worker | ____ | ____ | _____ (ALL) |

REASON & Name:_____

_____

| | | | |
|---|---|---|---|
| Current or Past Town Employee | ____ | ____ | _____ (Committee) |

Explain status:_____

| | | | |
|---|---|---|---|
| Exemption from Town Administrator (attach letter) | ____ | ____ | _____ (Committee) |

**Education:** Please include schools that you attended, degrees received, special certifications you have earned (are you a CPA, certified teacher, etc.)

_____

_____

_____

**Past Work Experience & Skills:** Please describe past work experiences that might assist us with your job placement. Include particular skills you may have.

_____

_____

_____

_____

**Interests, Past Volunteer Community Service:** Please indicate special interests, hobbies, community service, offices you have held, etc., that you feel might be helpful in determining your work placement.

_____

_____

**Please indicate the job or jobs in which you are interested:**

Town Hall offices: _____ Senior Center: _____ Veteran office: _____ School: _____

Library: _____ Public Works: _____ Fire Dept: _____ Police Dept: _____

Other:_____

**Please indicate your preference for in-person or remote work** (Hours cannot be guaranteed for your preference during the work-off period):

Yes____ No _____

**Would you accept another position if any of the above are not available?**

Yes ____ No _____

**Agreement:**

I certify that the above information is true to the best of my knowledge. If I qualify for the Property Tax Work-Off Program, I understand that the maximum amount of money applied to my fiscal year 2027 property tax bill is limited to a Veteran $1,478.25* for 100 hours (for example) which must be completed by August 31, 2026. I understand that any and all hours may not be available to me and I will only be credited with the hours worked in 2025-2026. I also agree not to hold the Town liable for any problems incurred while participating in this program.

**Signature:**_____ **Date:**_____

***$1,500.00 less applicant's medicare cost, $21.75, will be abated and processed on the final payment notice for the fiscal year. The medicare cost is a different amount if earning the Sr $2,000.00. All earnings will be adjusted by the medicare cost.**