



Town of Portland, Connecticut

7 Waverly Avenue ▪ P.O. Box 71 ▪ Portland, CT 06480-0071 ▪ Phone: (860) 342-6760

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Equal Opportunity Provider and Employer

Senior Services

APPLICATION FOR SENIOR CITIZEN TAX CREDIT WORK PROGRAM

Deadline: May 15th

Applicant's Full Legal Name: _____

Name of Spouse: _____

Home Address: _____

Portland, CT 06480

Mailing Address: _____

Telephone #: _____ Social Security No. _____

Name(s) on Property Deed: _____

PART A - ELIGIBILITY REQUIREMENTS

Please answer yes or no to the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| Over age 65? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financially eligible per the guidelines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Year-round Portland resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reside in property for which rebate is requested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of current tax bill attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART B - JOB PLACEMENT

Please indicate which Town departments you would like to work in:

- | | | |
|--|---|--|
| <input type="checkbox"/> TOWN HALL | <input type="checkbox"/> POLICE DEPT. | <input type="checkbox"/> FIRE DEPT. |
| <input type="checkbox"/> LIBRARY | <input type="checkbox"/> PUBLIC WORKS | <input type="checkbox"/> YOUTH & PARKS |
| <input type="checkbox"/> SENIOR CENTER | <input type="checkbox"/> SCHOOL SYSTEM | <input type="checkbox"/> ASSESSOR'S |
| <input type="checkbox"/> TOWN CLERK | <input type="checkbox"/> PLANNING DEPT. | <input type="checkbox"/> OTHER _____ |

PART C - WORK EXPERIENCE

Please describe skills and past experience that would assist us in placing you in the appropriate position.

Is there a specific task you have a special interest in? _____

PART C - Continued...

Days and hours you are available:

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Do you have physical limitations that would restrict this type of employment? Yes No
Medications? _____

Tasks I cannot physically perform: _____

In case of emergency, contact:	
Emergency contact's Relationship to applicant:	
Emergency contact's telephone #:	

If I qualify for this program, I understand that I may earn a maximum of \$500, which can only be applied as a rebate on my Town of Portland property taxes.

Applicant's Signature

Date: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY!

Date of Interview:		Interviewed by:
Applicant Information		
Age:	Income: \$	Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
DISPOSITION OF APPLICATION:		
<input type="checkbox"/> GRANTED		<input type="checkbox"/> DENIED
Worksite placement:	State Reason for denial:	

Municipal Agent to the Elderly SIGNATURE: _____
DATE: _____