



## **CITY OF MARLBOROUGH**

140 Main Street, Marlborough, Massachusetts 01752  
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[www.marlborough-ma.gov](http://www.marlborough-ma.gov)

### **“SCRPT”**

### **Senior Citizen Residential Property Tax Work-Off Program**

The City of Marlborough values the wealth of skills and knowledge possessed by its senior residents. The “SCRPT” program provides seniors the opportunity to share their skills in service to the community and receive up to a \$1,000 abatement on their property taxes. The success of the program depends on the co-coordinated efforts of the various town departments requesting services, the program co-coordinator who matches the volunteers, the Assessor’s office that administers the abatement process and the Treasurer’s office where payments are submitted.

Attached is the application and related documents that **must be completed and returned in person to the Senior Center by Friday, August 19<sup>th</sup> by 4:00 p.m.** Please complete and sign the SCRPT application, and bring your license or other government issued ID with you for submission. We recommend that you call in advance to be sure a staff person who can verify the CORI information will be available to accept your packet. Please keep the first two pages of this packet for your information.

If you would like to attend the lottery drawing for the 2016/17 SCRPT program, please come to the Senior Center on Tuesday, August 23<sup>rd</sup> at 2:30 pm

Thank you for your interest in the “SCRPT” program. If you have questions, please contact Trish Pope at 508-485-6492.

**KEEP THIS PAGE FOR YOUR REFERENCE**  
**(DO NOT RETURN WITH APPLICATION)**

## Senior Circuit Breaker Tax Credit Information

### General Rules and Qualifications

Certain taxpayers age 65 or older may be eligible to claim a refundable credit on their state income taxes for the real estate taxes paid during the tax year on the residential property they own or rent in Massachusetts that is used as their principal residence.

### Refundable Credit:

If the credit exceeds the amount of total income tax due for the year, the excess amount of the credit will be refunded to the taxpayer without interest.

### Maximum Credit Allowed for Tax Year 2017 :

For tax year 2017, the maximum credit allowed for both renters and homeowners is \$1000.

### To be eligible for the credit for the 2017 tax year:

1. the taxpayer or spouse, if married filing jointly, must be 65 years of age or older at the close of the taxable year;
2. the taxpayer must own or rent residential property in Massachusetts and occupy the property as his or her principal residence;
3. the taxpayer's "total income" cannot exceed \$52,000 for a single filer who is not the head of a household, \$65,000 for a head of household, or \$78,000 for taxpayers filing jointly; and
4. for homeowners, the assessed valuation of the homeowner's personal residence as of January 1, 2016, before residential exemptions but after abatements, cannot exceed \$729,000.

### No credit is allowed if one of the following applies. Taxpayer:

- claims **married filing separate** status; or
- receives a federal or state rent subsidy; or
- rents from a landlord who is not required to pay real estate taxes; or
- is the dependent of another taxpayer.

### Qualification for Real Estate Tax Credit is determined by completing the following Worksheets/Schedules:

- **for residents and part-year residents**, both Schedule CB Worksheets and Schedule CB, Circuit Break Credit.
- **residents and part-year residents** can check to see if they may qualify by reviewing the Income and Tax Thresholds Table below. If they qualify, the credit is determined by completing both the Schedule CB Worksheets and the Schedule CB, Circuit Breaker Credit.
- **nonresidents** do **not** qualify for this credit since the property must be an owner occupied principal residence located in Massachusetts.

## *Income and Tax Thresholds*

### **Calculation:**

**Total Income** = Massachusetts adjusted gross income

**plus:** all other income excluded from Massachusetts gross income

**less:** the personal income dependent, over age 65 and blindness exemptions

**Tax payments** = total tax paid in the tax year (or 25% of rent)

**less:** real estate tax abatements, exemptions and other reductions received in the tax year

**less:** interest and penalty charges on delinquent payments

**plus:** 50% separately stated water and sewer paid in the tax year

**plus:** betterments

### **Tax Credit 2017 Thresholds:**

<b>Filing Status Thresholds</b>	<b>Total Income less: certain personal income exemptions &amp; deductions</b>	<b>10% of Total Income</b>	<b>Minimum Real Estate Tax less: real estate tax abatements &amp; exemptions plus: 50% separately stated water &amp; sewage</b>	<b>Minimum Total Rent</b>
	\$5,000	\$500	\$501	\$2,004
	\$10,000	\$1,000	\$1,001	\$4,004
	\$15,000	\$1,500	\$1,501	\$6,004
	\$20,000	\$2,000	\$2,001	\$8,004
	\$25,000	\$2,500	\$2,501	\$10,004
	\$30,000	\$3,000	\$3,001	\$12,004
	\$35,000	\$3,500	\$3,501	\$14,004
	\$40,000	\$4,000	\$4,001	\$16,004
	\$45,000	\$4,500	\$4,501	\$18,004
	\$50,000	\$5,000	\$5,001	\$20,004
<b>max for single</b>	\$52,000	\$5,200	\$5,201	\$20,804
	\$55,000	\$5,500	\$5,501	\$22,004
	\$60,000	\$6,000	\$6,001	\$24,004
<b>max for head of household</b>	\$65,000	\$6,500	\$6,501	\$26,004
	\$65,000	\$6,500	\$6,501	\$26,004
	\$70,000	\$7,000	\$7,001	\$28,004
	\$74,000	\$7,400	\$7,401	\$29,604
<b>max for married filing joint</b>	\$78,000	\$7,800	\$7,801	\$31,204



# City of Marlborough Council on Aging and Senior Center

40 New Street  
Marlborough, MA 01752  
Tele (508) 485-6492 Fax (508) 460-3726

## Chapter 6 & 172C CORI REQUEST FORM

MBCO  
CH444  
G

Marlborough Council on Aging is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 & 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain available CORI from the Criminal History System Board prior to employing such individual, accepting such individual as a volunteer or referring such individual to volunteer.

\_\_\_\_\_  
APPLICANT VOLUNTEER SIGNATURE  
(Unless otherwise preempted by law)  
VOLUNTEER INFORMATION (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (If Applicable) PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT OR FORMER ADDRESS

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



**CITY OF MARLBOROUGH**  
**SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM**

**CONDITIONS OF PARTICIPATION**

Please read and initial each box in the spaces provided:

	Participants will be only credited for actual hours worked and will not receive any credit for holidays, sick days, or personal days.
	Participants are credited on a per hour basis and will not be given credit for <i>partial</i> hours worked.
	Participants are responsible for working the <b>full 100 hours</b> needed to achieve a \$1,000 property tax abatement by <b>December 31, 2016</b> .
	Participants are not eligible for any benefits.
	Participants may be dismissed from the program at any time with just cause. Participants may choose to end their participation in this program by providing one week's written notice to the Director of the Council on Aging. Participants who leave the program will not be eligible to return until the following fiscal year (participants who leave will <b>ONLY</b> be credited for hours worked to that point).
	I understand that this abatement will be considered income for federal tax purposes and that I may be liable for a Social Security assessment based on my retirement age (dependent on my date of birth). I accept responsibility for understanding any financial impact I may incur through my participation in this program.

**Understanding of Indemnification and Liability**

I understand and agree to all the terms listed above. I further understand and agree to indemnify and hold harmless the City of Marlborough against any negligence claims brought by third parties on account of my participation in this program. In particular, I acknowledge my responsibility for the costs of defending the City against such a third-party claim and for the amount of any settlement or judgment in favor of the third party on account of my participation in this program.

PRINT NAME

SIGNATURE

DATE



CORI	_____
Mtg	_____
AZ	_____
( Office Use Only )	

**CITY OF MARLBOROUGH**  
 SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM  
 "SCRPT" APPLICATION

**BASIC INFORMATION**

Date of Application: \_\_\_\_\_

Name: Mr. Ms. Mrs. \_\_\_\_\_  
 (circle one)                      Last                                      First                                      Middle Initial

Street Address: \_\_\_\_\_ Marlborough, MA 01752

Mailing Address (if different from above): \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ [Home or Cell] Alternate: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS**

Please answer all of the following questions by circling YES or NO.

- 1) Are you over the age 60?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- 2) Have you lived in the City for at least five years?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- 3) Are you the owner of record of the home?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- 4) Is this your primary residence?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- 5) Have you attached a copy of current tax bill?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- 6) Have you attached a copy of income records?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**JOB SKILLS**

In the following section, please include any skills you possess such as computer skills, or languages spoken.

Special Job skills: \_\_\_\_\_

Interests and hobbies: \_\_\_\_\_

**WORK EXPERIENCE**

In the following section, please complete the information for your most recent (or relevant) employment. Attach any additional employment experience to the back of this application.

1) \_\_\_\_\_  
Company/Organization Name    Dates of Employment

\_\_\_\_\_  
Supervisor    Phone Number    Address

\_\_\_\_\_  
Description of Responsibilities

2) \_\_\_\_\_  
Company/Organization Name    Dates of Employment

\_\_\_\_\_  
Supervisor    Phone Number    Address

\_\_\_\_\_  
Description of Responsibilities

**VOLUNTEER EXPERIENCE**

In the following section, please complete the information for any volunteer experience you possess. Attach any additional volunteer experience to the back of this application.

1) \_\_\_\_\_  
Organization Name    Volunteer Dates

\_\_\_\_\_  
Supervisor    Phone Number    Address

\_\_\_\_\_  
Description of Responsibilities

2) \_\_\_\_\_  
Organization Name    Volunteer Dates

\_\_\_\_\_  
Supervisor    Phone Number    Address

\_\_\_\_\_  
Description of Responsibilities

**REFERENCES**

In the following section, please complete the information for your references. Please note, relatives may not be listed as references.

- 1) \_\_\_\_\_  
 First & Last Name Phone Number Affiliation
- 2) \_\_\_\_\_  
 First & Last Name Phone Number Affiliation
- 3) \_\_\_\_\_  
 First & Last Name Phone Number Affiliation

**CITY AFFILIATION DISCLOSURE**

In the following section, please disclose any relatives employed by the City of Marlborough. Please note, having relatives employed by the City does not mean disqualification from SCRPT. Please attach any additional names to the back of this application.

- 1) \_\_\_\_\_  
 First & Last Name Phone Number Affiliation City Dept.
- 2) \_\_\_\_\_  
 First & Last Name Phone Number Affiliation City Dept.

**AVAILABILITY & PREFERENCES**

In the following section, please complete the information with regards to your availability.

- 1) Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 2) When are you available? (Circle all that apply)

Month(s):	January	February	March	April	May	June
	July	August	September	October	November	December
Day(s) of Week:	Monday	_____ AM/PM	to	_____ AM/PM		
	Tuesday	_____ AM/PM	to	_____ AM/PM		
	Wednesday	_____ AM/PM	to	_____ AM/PM		
	Thursday	_____ AM/PM	to	_____ AM/PM		
	Friday	_____ AM/PM	to	_____ AM/PM		
	Saturday	_____ AM/PM	to	_____ AM/PM		
	Sunday	_____ AM/PM	to	_____ AM/PM		

3) Please select what type of community service you would like to perform. Check up to 3 options:

- |                        |                       |                              |
|------------------------|-----------------------|------------------------------|
| _____ Customer Service | _____ Clerical        | _____ Senior Programming     |
| _____ Bookkeeping      | _____ Gardening       | _____ Information Technology |
| _____ School Support   | _____ Other ( _____ ) |                              |



4) Do you possess a valid Massachusetts Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) Do you have your own methods of transportation (*transportation is not provided for this program*)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY CONTACT**

In the following section, please complete the information for your Emergency Contacts. Please note, this section must include at least two.

1) \_\_\_\_\_  
First & Last Name Phone Number Relationship

2) \_\_\_\_\_  
First & Last Name Phone Number Relationship

**AGREEMENT**

I authorize the Marlborough Council on Aging or the City of Marlborough to investigate information from this application for the purpose of community service with "SCRPT", the Senior Citizen Property Tax Work-Off Program. If accepted for community service with the City of Marlborough, I agree to comply with the rules of the "SCRPT" Program. To the best of my knowledge, all information provided in this application is accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date