

**Senior Tax Work Off Program
Check List for Submission**

Application

_____ Applicant has completed both pages

I-9 Form

_____ Applicant has completed Section 1

_____ Applicant has submitted Acceptable Documents (please make copies of each)

CORI Background Form

_____ Applicant has completed the two page

SORI Background Form

_____ Applicant has completed the one page

Date Submitted

Signature of COA Person Who Received Submission

Frequently Asked Questions about the Senior Work-off Abatement Program (SWAP)

At what age can you apply for the SWAP?

Taxpayers must be aged 60 prior to January 1st to earn property tax abatement under this program. Proof of age will need to be provided at time of application by completing the Form I-9.

Do I have to own the property in order to apply for the SWAP?

Yes, the taxpayers must be the assessed owner of the property as of January 1 of the applicable assessment year or, if the property is subject to a trust, the senior must have legal title, (i.e. be one of the trustees) to the property on which the tax to be abated is assessed. Where there is a question, the Board of Assessor's will make a final determination.

Is there a minimum amount of years I have to own and occupy a property in East Longmeadow to apply for the SWAP?

Yes, the taxpayer must have owned and occupied a home in East Longmeadow for a minimum of five (5) years prior to January 1st. If the ownership and occupation is not a consecutive five years, the taxpayer must provide details of previous ownership and occupation (ie, address, dates) at the time of application which will be confirmed by the Assessor.

Will I be able to participate in the SWAP if I owe back taxes?

Yes

What is the maximum amount of hours I could work during the year in the SWAP?

The maximum abatement taxpayers may earn will be based on 125 hours for the period January 1st through November 30th. The taxpayer cannot receive credit for their services at an hourly rate higher than the state's current minimum wage.

How will my hours worked in the SWAP be documented?

Hours worked must be documented in the time sheet provided at orientation and signed off on by the volunteer and his/her supervisor.

Can more than one qualifying owner participate in the SWAP per fiscal year?

No, only one qualifying owner of the parcel may earn an abatement under this program per fiscal year.

What happens if I am participating in the SWAP and due to circumstances, I cannot complete all of the hours?

If a selected owner cannot fulfill the commitment for all hours, another owner of the same property may complete the program if he/she also meets the SWAP requirements.

Where can I obtain an application for the SWAP?

Applications are available at the Council on Aging at 328 North Main Street and on the Town website.

Where do I submit my completed application?

All applications will be submitted to the Council on Aging at 328 North Main Street.

When should I submit my completed application for the SWAP?

Completed applications must be received by October 1st to be considered for the SWAP for the upcoming calendar year. No late applications will be accepted.

Please turn over for additional Frequently Asked Questions

Will everyone who applies receive a position in the SWAP?

No. There are a limited number of available positions each year. Taxpayers may be asked to interview for a position and the person who best meets the needs of a position will be selected. If there are more applications than available job positions, a lottery will be used.

The application says that a CORI & SORI check will be done. What is a CORI & SORI check and why is one being done?

CORI (Criminal Offender Record Information) and SORI (Sexual Offender Registry Information) is a record of all criminal court appearances in Massachusetts for a particular individual, including arrests, convictions, dismissals, and serious violations. All employees of the Town of East Longmeadow, including SWAP applicants, are subject to CORI & SORI checks as required by policy. This information is kept strictly confidential.

Am I ensured this position from year to year?

No. program selection is valid for one year. Applicants must reapply annually if they wish to participate again.

Who is responsible for administering SWAP?

A five-member committee consisting of the Executive Director of the Council on Aging, the Director of Assessing, the Director of Municipal Finance, the Human Resources Director, and a member at large will be responsible for overseeing this program.

When will I receive my Senior Work-off Abatement?

All hours must be completed between January 1st and November 30th. You will receive a certificate of completion and a W-2 by January 31st of the following year. The abatement is applied to the following year's tax bill (i.e. hours worked and credit earned between January 1, 2019 and November 30, 2019 will be applied to FY 2020 beginning on July 1, 2019). Therefore, you will be able to use it for your remaining unpaid taxes for your third and fourth quarter bill (which will be split in half between the two quarters). However, you will not see it credited on your bill statement until your fourth quarter bill dated May 1st.

Since participation in the SWAP is considered income earned, will there be taxes deducted?

Yes, the abatement is subject to federal social security withholdings (FICA and Medicare) and the taxpayer is responsible for filing the income earned. The abatement is not subject to state income tax withholdings. The Town will pay the employer share of the federal withholdings and issue a W-2 in the same manner as it does for all other employees. The employee's share of these deductions will be deducted from the abatement amount. **This means that the actual amount abated from the tax bill will be the amount earned less federal tax withholding.**

What if I sell my property before I see the abatement on my real estate taxes?

You will notify your closing attorney to ensure that you are properly credited for your abatement as part of your closing.

Will I qualify to participate in the SWAP program if I currently receive a Statutory Exemption on my real estate taxes?

Providing your Statutory Tax Exemption and your Senior Work-off Tax Abatement combined does not exceed your total tax liability you would qualify to participate.

If I do not receive a SWAP position can I still volunteer with no compensation?

Volunteering in your community is always encouraged.

Questions regarding the program may be directed to the SWAP Committee at swap@eastlongmeadowma.gov.

You may also go to the Council on Aging at 328 North Main Street, East Longmeadow, MA 01028 (413-525-5400 ext. 1406).

APPLICATION FOR PROPERTY TAX WORK-OFF ABATEMENT PROGRAM

Name of applicant _____
 Address _____
 Phone number Home _____ Cell _____
 Birth date _____ Email _____

The Town of East Longmeadow is mandated by state law to do a CORI & SORI (criminal and sex offender background check) on any person who works for the Town.

ELIGIBILITY REQUIREMENTS

- Do you own and occupy your property? Yes _____ No _____
 - Have you owned and occupied your property for at least 5 years? Yes _____ No _____
- If no, list the properties you owned and occupied in East Longmeadow and the date range:
- | Location | Date |
|----------|-------|
| _____ | _____ |
| _____ | _____ |

- If property is in a trust, etc., please explain
- _____
- _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact person: _____ Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if selected for participation in this program.

I understand that I will receive compensation in the form of a Property Tax Abatement earned at the current minimum wage per hour worked. I understand that I can earn an abatement of no more than a total of 125 hours. I understand that I have to make social security contributions to the federal government and that the actual amount abated from my taxes will be reduced by the amount of those contributions. I understand that my participation in the program in the past does not guarantee me a future position. I further understand that this reduction in my property taxes may affect my eligibility for the state Circuit Breaker Credit.

Signature of Applicant _____ **Date** _____

Please turn over and complete other side→

PLACEMENT INFORMATION

What are your past experiences and types of skills? _____

Typing/keyboarding: _____ WPM
Computer skills: Microsoft: _____ Word _____ Excel _____ Access
Other skills: _____

Which do you prefer: _____ Indoor work _____ Outdoor work
Valid Driver's License: _____ Yes _____ No

Please share with us any hobbies and/or interests you have that might help us in seeking or creating a position. (Please attach page if necessary)

POSITIONS:

Please number your top three (3) positions in the order of your preference (1=preferred position, 2=second choice, 3=third choice).

**Any positions that are checked off (✓) and/or numbered above three (3) will not be taken into consideration.*

<input type="checkbox"/> Clerical-Town Manager Dept.	<input type="checkbox"/> Kitchen Assistant-COA	<input type="checkbox"/> Scheduling Asst.-ELCAT
<input type="checkbox"/> Clerical-Human Resources	<input type="checkbox"/> Clerical Shelving-Library	<input type="checkbox"/> Clerical-Recreation
<input type="checkbox"/> Floater-Human Resources	<input type="checkbox"/> Courier 2-Collector/Treasurer	
<input type="checkbox"/> Kitchen Assistant-COA	<input type="checkbox"/> Courier 3-Collector/Treasurer	
<input type="checkbox"/> Clerical-COA	<input type="checkbox"/> Clerical-Building Commissioner	
<input type="checkbox"/> Food Pantry Assistant-COA	<input type="checkbox"/> Clerical-Planning&Community Development	

Note any special reason(s) for this request:

If you are aware of a need in a department or of a potential placement that you are interested in, please inform us:

Do you have any restrictions or needs which may affect any position—i.e., physical requirements, seasonal, schedule, hours of day (duration and/or number of hours), frequency, etc.? Please explain:

**Applications must be return to:
The Council on Aging 328 North Main Street, East Longmeadow, MA 01028**

FOR OFFICE USE ONLY	
Date Application Received	_____
Completed I-9 with documentation	_____ Yes _____ No
Signature of Town Employee Accepting Application for Review:	_____

LIST OF SWAP POSITIONS FOR THE PERIOD: JANUARY 1, 2022 - NOVEMBER 30, 2022

Department Responsible	# of Positions	Job Title	Description of Job
Town Manager (For Town Manager/ HR/ Health Dept)	1	Clerical	Will be organizing, collecting data, and inputting data for needed projects. Needs strong computer skills (especially excel) and good organizational skills. Basic customer service skills, can answer phones and use hold, photocopying, hole-punching. Will be used for vacation/counter coverage as well.
Human Resources (facilitator only)	2	Clerical - Town Hall	Will be organizing, collecting data, and inputting data for needed projects. Needs strong computer skills (especially excel) and good organizational skills.
Human Resources (facilitator only)	3	Floater	Basic customer service skills, can answer phones and use hold, photocopying, hole-punching, limited basic computer skills is a plus. Can float within Town Hall to help out where needed. This position may have down time when used in a coverage capacity.
COA	2	Kitchen Assistant	General kitchen duties such as meal preparation, dishes, Meals on Wheels preparation. Requires standing for extended periods of time and operating an industrial dishwasher. Kitchen may be very hot depending on the time of year.
COA	3	Clerical	Will be organizing, collecting data, and inputting data for needed projects. Needs strong computer skills (especially excel) and good organizational skills. Can answer phones.
COA	1	Food Pantry Assistant	Will be organizing and sorting food donations and assisting with food distribution, Needs good organizational skills. Must be able to stand for extended periods of time and lift up to 25 lbs.
Planning & Community Development	1	Clerical	Assist staff with date stamping of documents received, scanning documents, organizing case file folders, reorganizing the file folders storage drawers, and labeling plan sets. Must be able to lift file documents from file drawers for sorting. May require answering phones and taking messages for staff. Please note: Location is on 2nd floor with no elevator at this time.
Collector/ Treasurer	1	Courier - 3	This position is for 3 days a week from January 2, 2020-November 30, 2020 for 1 hour a day. The position involves coming to the Town Hall to pick up the mail for the Police Department, Fire Department, Council on Aging, Recreation, DPW, ELCAI and occasionally the High School. This person would bring the mail to each of the locations and pick up any mail that needs to come back to the Town Hall. The person would then end at the Town Hall and put the mail in the appropriate department's mail slot. This position would not be needed on holidays or if the weather conditions would not be safe to be on the road. On occasion, may be asked to cover the other courier position due to a schedule conflict. This person must have a valid driver's license and the use of their own vehicle.

LIST OF SWAP POSITIONS FOR THE PERIOD: JANUARY 1, 2022 - NOVEMBER 30, 2022

Collector/ Treasurer	1	Courier - 2	This position is for 2 days a week from January 2, 2020-November 30, 2020 for 1 hour a day. The position involves coming to the Town Hall to pick up the mail for the Police Department, Fire Department, Council on Aging, Recreation, DPW, ELCAT and occasionally the High School. This person would bring the mail to each of the locations and pick up any mail that needs to come back to the Town Hall. The person would then end at the Town Hall and put the mail in the appropriate department's mail slot. This position would not be needed on holidays or if the weather conditions would not be safe to be on the road. On occasion, may be asked to cover the other courier position due to a schedule conflict. This person must have a valid driver's license and the use of their own vehicle.
ELCAT	1	Scheduling Assistant	Work with ELCAT to create and maintain a master schedule for programs on guide. Update and maintain program databases, log all programs for payout and remove and or archive expired content as needed. Requires familiarity with TelVue Content Management, as well as Adobe Illustrator.
Recreation	1	Clerical	Assist department and/or cover the public counter with general building department needs. Basic customer service skills, can answer phones and use hold, photocopying, hole-punching. Needs computer skills to be able to learn the Munis permitting system. May assist clerical to file, scan and attach permit applications into Munis and further organize the department's files. Strong communication skills for phone answering and message follow-ups. Please note: Location is on 2nd floor with no elevator at this time.
Library	1	Clerical - shelving	Assist with re-shelving of books and other clerical functions as needed
Building Commissioner	1	Clerical	Assist department and/or cover the public counter with general building department needs. Basic customer service skills, can answer phones and use hold, photocopying, hole-punching. Needs computer skills to be able to learn the Munis permitting system. May assist clerical to file, scan and attach permit applications into Munis and further organize the department's files. Strong communication skills for phone answering and message follow-ups. Please note: Location is on 2nd floor with no elevator at this time.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10 31 2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
	□□□□	- □□	- □□□□			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	OR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .
Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

_____ to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

