

WARREN SENIOR TAX ABATEMENT PROGRAM Jan-Dec 2015
TOWN OF WARREN
WARREN, MASSACHUSETTS
VOLUNTEER APPLICATION

PERSONAL INFORMATION (please print)

Name: _____

Permanent Address: _____

Mailing Address: _____

Phone: _____

Date Applied: _____

Have you owned this property since January 1, 2013? _____ Yes _____ No

Are you sole owner of said property? _____ Yes _____ No

a) If not, please list name of co-owner of property:

Is said property subject to a trust as of January 1, 2013? _____ Yes _____ No

a) If yes, please list name and address of trustee:

Do you currently receive any tax exemptions from the Assessor's Office?

a) If yes, please specify:

Are all taxes on said property paid and current? _____ Yes _____ No

VOLUNTEER POSITION DESIRED

Position applied for: _____

Previous experience:

Participants are expected to provide 62.5 hours of volunteer work before Dec. 31st.

Please indicate when you are able to start working: _____

Number of hours desired per week? _____

SENIORS IN SERVICE TO THEIR COMMUNITY