



CITY OF LYNN

Senior Citizen Property Tax Work-Off Abatement Application

M.G.L. Chapter 59 Section 5

Date: _____

Telephone: _____

Name: _____

Address: _____

ELEGIBILITY REQUIREMENTS: PLEASE ANSWER ALL OF THE FOLLOWING

	YES	NO
Are you over the age of 60?	_____	_____
Are you a person with a Disability?	_____	_____
Do you own the Residence?	_____	_____
Is it your primary Residence?	_____	_____
Is CORI (Criminal Offender Record Information) attached?	_____	_____

What is your annual income? (Please attach a copy of tax return) _____

Are you or a member of your immediate family an employee of the City of Lynn? _____

Volunteer Experience:

Name of Organizations	Dates	Duties
1. _____	_____	_____
2. _____	_____	_____

Other Interests, skills, and/or hobbies:

Work Experience:

(Please include employment name, address, phone number, and dates of employment)

Positions/Duties

- 1. _____

- 2. _____

Availability:

Month: _____

Day of Week: _____

Time of Day: _____

In case of emergency, please notify:
