



TOWN OF WINTHROP COUNCIL ON AGING

Robert A. DeLeo Senior Center
35 Harvard Street, Winthrop, MA 02152

Matthew Rodes
Director

Telephone
617-846-8538

2026 Senior Citizen Tax Work-Off Program

The Senior Citizen Tax Work-Off Program allows seniors, aged 60 and older, to volunteer their services in exchange for a reduction in their property tax bill. Participants may earn a maximum reduction of \$750 per fiscal year based on a rate per hour of service that cannot exceed the Commonwealth of Massachusetts' minimum wage.

Program Requirements:

- You must be a taxpayer, 60 years of age or older during the tax year when the volunteering is completed and the tax reduction is credited.
- To be credited, you must have an ownership interest and reside in the property year round.
- Total reduction will not exceed \$750
- 50 hours must be completed by Friday, November 13, 2026.
- A CORI release form must accompany the application.

Other Information:

- Lottery winners may be required to attend a mandatory orientation session at the Senior Center prior to beginning their service.
- Work can start immediately following participant notification, in conjunction with authorization by the Council on Aging Director.
- Work will generally be completed during the Town's normal business hours, depending on the needs of the town department the participant is assigned to.
- Money earned through the Tax Work-Off Program is reportable income for federal taxes only. Participants will receive a W-2 form for the amount earned through the program.

Applications must be returned to the Winthrop Senior Center by 12:00 pm on Friday, March 27, 2026. Please note that you will need to provide a valid ID (license, passport, etc.) when you submit your application.

If you have any questions, please call the Winthrop Council on Aging at: 617-846-8538.



WHAT DOES THIS MEAN TO ME?

2026 Senior Citizen Property Work Off Abatement allotment is \$750 Gross with a work schedule of 50 hours.

How will my abatement be recorded on my tax bill?

This example is for Illustrative Purposes Only and is not in any way to be considered tax advice.

Gross Pay :	750.00
FICA Tax (1.45%):	- 10.88
Mandatory OBRA (7.5%):	- 56.25
Federal Income Tax:	0.00

* (See IRS 2018 Tax Schedule for annual payments)

Net Income:	682.87
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Upon successful completion of the Senior Citizen Property Tax Work-Off Abatement Program the NET INCOME will be applied to your 2026 Real Estate Tax Bill.



Do you have any physical or medical restrictions? (For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, etc.) Please explain.

APPLICANT CERTIFICATION

Please initial on the line by each statement and sign and date at the bottom of the form to acknowledge you have read and fully understand each statement.

_____ I understand that I am applying to participate in the Town of Winthrop’s Senior Citizen Tax Liability Reduction program and that I will exchange my service hours for abatement or reduced tax liability at a rate set by the Town.

_____ I understand that I have a set number of hours (53) to complete. Those hours must be completed by November 13, 2026 for the full amount of the reduction to be realized in the current year.

_____ I understand that money earned through the Senior Citizen Tax Liability Reduction program is reportable income for federal taxes only and that I will receive a W-2 form for the amount of money earned through the program.

_____ I understand that if I am considering selling my home during calendar year 2026, this program may not be for me. The tax abatement for work completed through this program is applied to the third (January 2027) and fourth (April 2027) quarter bills equally. If I were to sell my home, these bills would be in the name of the new owner. Thus no payment or tax reduction would be applicable, as eligibility requires that I must own and occupy the home for the entire year. There is no other mechanism for any compensation if I sell my home during 2026.

_____ All of the statements made in this application are true and complete. I understand that any false answers or statements of misrepresentations by omission made by me as part of my application will be sufficient for rejection of this application.

Signature

Date



CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING AND HOUSING PURPOSES.

The Town of Winthrop is registered under the 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, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Winthrop 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 The Town of Winthrop written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Winthrop may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The Town of Winthrop must first provide me with written notice of this check.

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

SIGNATURE

DATE



SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

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

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

Mother's Full Maiden Name Father's Full Name

Phone Number: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

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

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee