TOWNSEND SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

Fiscal Year 2024 Application

NAME:	TELEPHONE:		
ADDRESS:			
	Pl	Please Circle One	
I AM 60 YEARS OR OLDER		YES	NO
I (AND MY SPOUSE) OWN AND OCC TOWNSEND AS MY/OUR PRIMARY A MINIMUM OF 1 YEAR)	RESIDENCE (FOR	YES	NO
I (WE) OWN THE PROPERTY SOLEL	Y	YES	NO
ARE YOU RETIRED FROM MIDDLES			NO
Positions you are applying for (list in ord	ler of interest)		
Position	Department		
If I qualify for the Property Tax Work-of I understand that I may earn a maximum my fiscal year 2024 fourth quarter tax bil	of \$500 and that the tax cred	lit will be	applied to
Signature:	Date:		

Total hours worked to be submitted to the Assessors by April 15^{th}