

**NOTE: Applications will ONLY be accepted starting Wednesday, April 1, 2026.
Applications will ONLY be accepted until June 30, 2026 for the FY '27 program.**



**Council on Aging/Elder Services
Senior Citizen Property Tax Rebate Program FY '27 Application**

Date: _____ Phone: _____ E-Mail: _____

Name: _____

Address: _____ Zip Code _____

Eligibility Requirements: Please answer all of the following:

Are you over the age of 60 _____ Yes _____ No

Are you the Homeowner of record _____ Yes _____ No

Are you a Trustee or beneficiary _____ Yes _____ No

Is this your Primary residence _____ Yes _____ No

A Copy of current tax bill must be attached or the application is invalid.

Emergency Contact:

Name- Phone Number- Relationship-

I authorize the Chelmsford Council on Aging/Elder Services/Town of Chelmsford to investigate information from this application for the purpose of community service with the Senior Citizen Property Tax Rebate Program. If accepted for community service with the Town of Chelmsford, I agree to comply with the rules of the Rebate Program. To the best of my knowledge, all information provided in the application is accurate.

Signature of Applicant Date

FOR PREVIOUS PARTICIPANTS IN THIS PROGRAM:

What year did you participate in? _____ Town Department? _____

Has your supervisor **stated** to you that the same position is available to you in the coming year? **Yes/No**

If yes: Supervisor must sign. (REQUIRED -Application will NOT be accepted without Supervisor's Signature.)

Name of Supervisor _____ Position Available _____

Phone Number and Email of Supervisor: _____

Signature of Supervisor: _____

**NOTE: Applications will ONLY be accepted starting Wednesday, April 1, 2026.
Applications will ONLY be accepted until June 30, 2026 for the FY '27 program.**

FOR NEW APPLICANTS ONLY:

Volunteer /Work Experience: Include previous placements through this program, if applicable.

Name of Organization	Date	Address/Phone	Description of Duties
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other interests, skills and hobbies: _____

References: Include name/address/telephone number/affiliation. (Please do not use a relative as a reference. Reference checks will be made at the discretion of each department head.)

1. _____
2. _____

Availability:

Months: _____ **Days of the week:** _____

Hours: Morning _____ Afternoon _____ Evening _____

What type of community service are you interested in?

Restrictions: Do you have a physical or medical restriction that might keep you from doing certain kinds of work or require accommodation? Please describe.

