



Town of
Raynham
Massachusetts

TOWN OF RAYNHAM

Council on Aging

2215 King Philip Street Raynham, MA 02767

SAVE PROGRAM

Eligibility Requirements:

- Age 60 or older or Veteran as of July 1 of the year in which the application is made
- Resident of Raynham
- Own and occupy the property for which Raynham taxes are paid
- Tax bill must include SAVE candidate's name
- Resident must be current with property tax payments
- Town employees are not eligible
- Complete a CORI check

Selection Process:

- Applications must meet eligibility requirements
- Applicant must have appropriate skills for position
- Application and department head must both agree position is an appropriate match
- Upon agreement, applicant must complete W-4 & I-9 with identification back up

Benefit Limits:

- \$15.00 per hour for all positions (Based on state min wage)
- Maximum amount of abatement is \$1,000
- Maximum number of compensated hours worked is 67 hours per year.
- In no case shall an applicant's tax reductions be in excess of taxes owe in a given year.
- Level of Town appropriation will determine the maximum number of participants.

Job Placement:

- Available positions will be determined by department heads
- Applicants will be interviewed by the Department Heads before approval is complete
- There will be a two-week probationary period to assess the appropriateness of placement
- Applicants will be placed within municipal departments

Term of Program:

- Program runs from January 15th Through December 15th.
- Applications may be submitted between December 1st (prior year) and April 1st.
- Abatement credit will be issued in January bill of the year following work off completion
- All applications and all forms must be completed and submitted to the Senior Center Director prior to applicants position starting date.
- A certificate of completion form must be submitted from the supervisor to the Board of Assessors.

Termination:

- Three (3) unexcused absences will result in termination from the program. All scheduled hours and any changes in those hours must be approved by the department head to be excused.

I Have Read and Understand the Condition's and Requirements. _____



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SAVE PROGRAM APPLICATION

Name: _____

Address: _____

Phone: _____ Email: _____

Are you 60 years or older? Yes _____ No _____ Date of Birth: _____

How many years have you owned in Raynham? _____

Is your house in a trust? Yes _____ No _____

Is this your principle residence? Yes _____ No _____

Are you a Veteran? Yes _____ No _____

Have you participated in this program before? Yes _____ No _____

What Department: _____

Supervisor: _____

Would you like to continue in this Department? Yes _____ No _____

Are you a full-time Raynham Employee? Yes _____ No _____

Please indicated your work experience you may attach a resume or use the back of this application if additional space is needed:

Do you have any physical restrictions that would interfere with working in certain areas? If yes, explain:

Are you interested in a particular department? Yes _____ No _____

If yes, which one? _____