



## TOWN OF LUDLOW

### 2026 SENIOR WORK ABATEMENT PROGRAM (SWAP) APPLICATION FORM

NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

Have you owned and occupied property in the Town for the prior 10 consecutive years? Yes No  
(Taxpayer must reside at the address listed for the abatement)

Is the property that the abatement is going to be applied to in a Trust? Yes No  
If Yes, are you listed as the Trustee? Yes No

Please mark order of preference:

DPW	Library	Schools	Senior Center	Town Hall	Westover Golf Course

Prior work experience or skills: \_\_\_\_\_  
(MUST BE COMPLETED)

Any medical restrictions? Yes No If yes, please explain: \_\_\_\_\_

Are you able to bend, lift, carry, sit, and stand for periods of time? Yes No

If I qualify for the program, I understand that I may earn a maximum of \$900.00 which can only be applied to my Town of Ludlow property tax. \$450.00 (less lawful withholdings) will be applied to the third quarter tax bill and \$450.00 (less lawful withholdings) will be applied to the fourth quarter tax bill. The Town of Ludlow will pay applicable payroll taxes. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEDERAL INCOME TAXES DUE. In accordance with the Massachusetts General Laws, the annual tax obligation will not be reduced below 10% of the annual tax.

I understand that I must complete the 60 hours assigned according to the program guidelines.

\_\_\_\_\_  
Signature

**\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\***

**Application Period: November 1, 2025 through December 31, 2025**

**FOR OFFICE USE ONLY**

DEPARTMENT ASSIGNED: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

I verify under the penalties of perjury that the above stated individual has completed the required number of hours to receive the Property Tax Abatement.

Authorized Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**BOARD OF ASSESSORS**

I Hereby certify that \_\_\_\_\_,  
the owner of a property at \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of volunteer work to be credited toward Fiscal Year \_\_\_\_\_ tax assessed  
on the parcel at the above address at a rate of \$\_\_\_\_\_ per hour. The amount earned as of day  
is \$\_\_\_\_\_.

Certificate # \_\_\_\_\_ Tax Bill # \_\_\_\_\_  
Real Estate Taxes \$ \_\_\_\_\_ CPA Surcharge \$ \_\_\_\_\_  
Total Tax \$ \_\_\_\_\_

**TREASURER/COLLECTOR**

Gross Amount Earned \$ \_\_\_\_\_ (\$900 Maximum)  
FICA \$ \_\_\_\_\_  
Medicare \$ \_\_\_\_\_  
Net Abatement \$ \_\_\_\_\_ SSN: \_\_\_\_\_

Please abate the amount of \$ \_\_\_\_\_ from the actual FY \_\_\_\_\_  
Real Estate Tax Bill for the Parcel at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Treasurer/Collector