# TOWN OF LUDLOW
# 2027 SENIOR WORK ABATEMENT PROGRAM (SWAP) APPLICATION FORM

NAME OF APPLICANT: _____
ADDRESS: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
EMAIL ADDRESS: _____
EMERGENCY CONTACT: _____

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

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. 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

**Application Period: November 1, 2026 through December 31, 2026**

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

**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

**Application Period: November 1, 2026 through December 31, 2026**