



TOWN OF TRURO
Senior Municipal Service Program
Participant Application



APPLICANT INFORMATION

FY25 (July 1, 2024 - June 30, 2025)

Name of Applicant _____

Home Address _____

Mailing Address (if different) _____

Home phone _____ Cell phone _____

Email _____ Date of birth _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact person _____

Relationship _____ Address _____

Home phone _____ Cell Phone _____ Work phone _____

ELIGIBILITY

	Yes	No
Are you 60 years of age or older as of July 1, 2024?	_____	_____
Are you the homeowner (or spouse of the homeowner) in Truro?	_____	_____
Do you occupy the property as your primary residence?	_____	_____
Will the property be subject to a Trust as of July 1, 2024?	_____	_____

(If yes, you must provide a copy of the trust document showing legal title as one of the trustees)

PLACEMENT INFORMATION

Experience-Please describe education, skills, past experience that will assist us in determining if an appropriate position is available for you: _____

Restrictions-Please indicate and explain any physical, medical, or other restrictions that might keep you from being able to perform a particular kind of work: _____

Availability-Please specifically indicate your availability including vacations, seasonal travel, etc.: _____

Please note any department preferences for job placement: _____

Are you seeking a full-time position (67) hours? _____ OR a halftime position (33)? _____

If I qualify for the Town of Truro Senior Municipal Service Program, I understand that I may earn a gross amount of \$1000 or \$500, which can only be applied as a tax credit toward my Town of Truro property taxes. The above information is true and correct to the best of my knowledge:

Applicant Signature _____ Date _____