



2026 TOWN OF ENFIELD SENIOR VOLUNTEER TAX CREDIT APPLICATION

To qualify for up to \$400/household tax credit on the applicant's 2027 real property tax bill the following criteria must be met:

- Volunteer must be 65 or older by December 31st of the calendar year in which the volunteer hours are worked.
- Volunteer must have owned and occupied a home as a principal residence for five years with no pending unpaid municipal liens or delinquent real estate taxes.
- Property held in trust, life estates, and partial interests shall fall under the same guidelines pursuant to section 12-170aa. The trust agreement must be reviewed on an individual basis by the town attorney to determine if it qualifies.
- Volunteer must work for a minimum of 75 hours in the calendar year (January 1, 2026, to December 31, 2026) in a non-profit organization located in the Town of Enfield or one that is headquartered out-of-town but that benefits Enfield; or the Town, schools, or religious organizations.
- Only one \$400 credit per household; spouses may both contribute toward the 75 hours.
- The Volunteer Coordinator or other designee at the entity where you volunteer must verify that the stated hours have been worked (see reverse side).
- The Senior Center staff will oversee the program. Applications must be turned into the Senior Center by February 1, 2027. Credit will be applied to the July 1, 2027 tax bill.
- The program is capped at \$100,000. If applications exceeding \$100,000 are received, all individual tax credit amounts will be reduced on a pro-rata basis so that the total does not exceed \$100,000.
- Volunteer hours related to elected or appointed membership on the Town Council, the Enfield Board of Education, or Town Boards or Commissions will not qualify for this tax credit program.

First Name _____ Last Name _____

Address _____ Enfield, CT 06082

Phone _____ Email _____

Date of Birth _____

I attest that I have volunteered for 75 hours or more and that the information on this application is correct.

Applicant Signature

Date

FOR OFFICE USE ONLY

☐ Hours Verified ☐ Age Verified ☐ Address Verified ☐ Approved: Date _____

Please retain staff signed copy for your receipt.

Date Received _____ Received By _____

VERIFICATION OF VOLUNTEER HOURS

Organization Name _____	Hours Volunteered _____
Address _____	
Coordinator Name _____	
Phone _____	Email _____
<i>I, the Volunteer Coordinator, attest that the Applicant, _____, has completed the stated number of volunteer hours at the above non-profit organization between January 1, 2026 - December 31, 2026.</i>	
_____ Coordinator Signature	_____ Date

Organization Name _____	Hours Volunteered _____
Address _____	
Coordinator Name _____	
Phone _____	Email _____
<i>I, the Volunteer Coordinator, attest that the Applicant, _____, has completed the stated number of volunteer hours at the above non-profit organization between January 1, 2026 - December 31, 2026.</i>	
_____ Coordinator Signature	_____ Date

Organization Name _____	Hours Volunteered _____
Address _____	
Coordinator Name _____	
Phone _____	Email _____
<i>I, the Volunteer Coordinator, attest that the Applicant, _____, has completed the stated number of volunteer hours at the above non-profit organization between January 1, 2026 - December 31, 2026.</i>	
_____ Coordinator Signature	_____ Date

Organization Name _____	Hours Volunteered _____
Address _____	
Coordinator Name _____	
Phone _____	Email _____
<i>I, the Volunteer Coordinator, attest that the Applicant, _____, has completed the stated number of volunteer hours at the above non-profit organization between January 1, 2026 - December 31, 2026.</i>	
_____ Coordinator Signature	_____ Date

Please attach additional verification forms if necessary to show 75 hours.