

**HOMER-CENTER SCHOOL DISTRICT  
STEP PROGRAM APPLICATION  
SENIOR TAX EXCHANGE PROGRAM**  
(Revised January 2019)

Please return to: Homer-Center School District, Board Secretary  
65 Wildcat Lane  
Homer City, PA 15748

**WHAT IS IT?**

A senior program to match school needs with community resources.

**WHY?**

- To help schools meet an increasing demand for a variety of human skills and services.
- To tap a largely unused community resource.
- To help seniors understand the functions and operations of the school.
- To enhance relationships between seniors and students.
- To provide a gesture of tax relief for seniors who need it most.

**WHO IS QUALIFIED?**

Residents of the Homer-Center School District who are 55 years of age, or older, and who pay school property taxes.

**HOW DOES IT WORK?**

- A person (or family) can earn a tax credit up to \$870 per year (at a rate of \$7.25 per hour) or the amount of their school real estate tax, whichever is less, for volunteer services.
- School and district needs for pre-determined services are “matched” with available resources; such needs might range from office work and classroom help to lunchroom and custodial assistance.
- The scope of the program will be determined by a budget annually approved by the school board.
- A screening process will be used to facilitate the best possible match of school needs with senior volunteer resources; the financial need of senior volunteers will be considered.
- Building principals and administrators will coordinate the program during the school year.
- Senior volunteers will not replace or supplement existing jobs or positions.
- Hours will be flexible, on a daily, weekly, or monthly basis.
- An orientation/training session may proceed service.

**HOMER-CENTER SCHOOL DISTRICT  
An Equal Opportunity Employer**

The Homer-Center School District does not discriminate on the grounds of race, color, national origin, sex or handicap, under any program or activity, recruitment or admission of students, and employment per regulations of Title VI, Title IX, and Section 504.

The submission of the application or the acceptance of it in no way obligates the applicant or Homer-Center School District.

Received: \_\_\_\_\_

PERSONAL DATA:

SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Clearances (Required) Act 34 \_\_\_\_\_  
(Criminal History)

Act 151 \_\_\_\_\_  
(Child Abuse)

Act 64 \_\_\_\_\_  
(Volunteer-10 Year Resident)

**SECTION A:**

EMPLOYMENT HISTORY: (List all work experience you have had)

Employer	Address	Job Title/Description	Date of Employment

SPECIAL SKILLS: (Please list e.g. painting, electrical, carpentry, computer, tutor, other skills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have the following physical limitations:

\_\_\_\_\_  
\_\_\_\_\_

Times I could volunteer: (Days of week, hours)

\_\_\_\_\_

HONORS AND ACTIVITIES: (List personal achievements which will be helpful in the evaluation of your application for the position. Do NOT list organizations or activities which will divulge race, religion, or ethnic background)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: Attach sheet if you desire to give additional data)

REFERENCES: (List at least 3)

Name	Address	Position	Telephone

(OVER)

**SECTION B:**

**FINANCIAL NEED ASSESSMENT INFORMATION**  
(Confidential – For District Use Only)

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_

School Real Estate Taxes Paid in 20\_\_\_\_: \$\_\_\_\_\_ (Proof of payment required)

Range of total income in 20\_\_\_\_:  
(Please check appropriate category: applicants may be asked to supply additional documentation).

- \_\_\_\_\_ Below \$10,000
- \_\_\_\_\_ \$10,000 to \$12,000
- \_\_\_\_\_ \$12,000 to \$15,000
- \_\_\_\_\_ \$15,000 to \$20,000
- \_\_\_\_\_ Above \$20,000

Please list other circumstances which may impact your financial needs:  
\_\_\_\_\_  
\_\_\_\_\_

Pace Card: \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERSONAL INTERVIEW:**

If a personal interview is necessary, please give best time for you.

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**PLEASE NOTE:** This application may be reviewed by Supervisors, Administrators, and Board Members.

I declare that the information on this application is true and complete to the best of my knowledge, and I authorize investigation of all statements recorded herein. Further, I understand that the submission of false information will result in the rejection of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature