



TOWN OF GREAT BARRINGTON Senior Citizen Property Tax Work-Off Abatement Program

Do you qualify?

1. Are you a resident taxpayer of 60 years of age?
2. Are you up to date on your tax bills and all other fees owed to the Town? (There are no income or asset limitation for eligibility)
3. If your home is held in a trust and you are a trustee and beneficiary, or hold a life estate to your home, you will need to submit a copy of the trust with your application to determine if you are eligible.

How to begin?

4. Fill out an application and submit it to the Town Manager's Office. Applications are accepted on a rolling basis. If you applied before you need not reapply. A follow up call may be needed.
5. Once the application has been approved, it will be evaluated and the department head will contact you directly. Once finalized you will need to go to the Town/Collectors Office to fill out applicable paperwork.

More information

- Qualified residents are able to earn up to \$1,500 in a program year (September to August) at the state's current minimum wage which is \$15/hour.
- Your supervisor will be the department head, and they will sign off on your weekly time sheet.
- A CORI check of all applicants must be done every 2 years. A CORI is a Criminal Offender Record Information record of all criminal court appearances in Massachusetts. These results are strictly confidential. Your status on your tax bill will be checked every year to make sure you are up to date.
- The Abatement Program will begin on the first business day in September and end on the last business day the following August. The credit for time worked will be applied to the following fiscal years tax bills. 50% on the fall bill and 50% on the spring bill.
- Should an applicant be an employee of the Town, the hours worked under this program must be worked in a different department and not done during regularly scheduled work hours.
- A resident taxpayer may also designate a designee to work in the program on their behalf.



Town of Great Barrington

Application for Senior Citizen Property Tax Work-Off Abatement Program

Personal Information:

Name		Date of Birth	
Current Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Email:		Phone:	
		Cell:	

- Which contact method do you prefer, phone or email? Phone Email Text
- Own property in GB? No Yes Date purchased: _____
- Is your home held in a trust, are you a trustee and Beneficiary or hold a Life Estate to your home?
 No Yes If yes, you will need to submit a copy with this application.
- What days and times would you be available to work? _____
- Have you applied for the abatement program before: No Yes
 - If yes, which department: _____
 - Would you like to return to that department: No Yes No Preference

Work Skills:

	NO	YES
Attentional to Detail		
Basic Computer Skills		
Bookkeeping		
Customer Services		
Data Entry		
Filing		
Gardening		
Graphic Design		

	NO	YES
Microsoft Office		
Munis		
Photography		
Public Relations		
Public Speaking		
Self-Starter		
Social Media		
Web Design		

Other skills, volunteers work or hobbies:

Do you speak another language: No Yes Other language spoken: _____

Employment Information, please also feel free to attach a resume:

Name of Employer:	Years employed :
Address of Employer:	Description of responsibilities:

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Address of Employer:	Description of responsibilities:

I certify that answers given herein are true and complete to the best of my knowledge:

Signature of applicant:

Date:



Town Hall, 334 Main Street
Great Barrington, MA 01230

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Fax: (413) 528-2290

website: www.townofgbma.gov

TOWN OF GREAT BARRINGTON MASSACHUSETTS

CHAPTER 6, §172C CORI REQUEST FORM

The Town of Great Barrington is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

SOCIAL SECURITY # (NEED AT LEAST LAST 6 DIGITS)

ADDRESS: _____

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE