



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

**Please answer the following questions, to determine if you qualify for this program.**

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 in the last few years, you need not reapply.
5. Once the application has been approved, you will need to complete on boarding paperwork. Your skills will be evaluated and the department head will contact you directly.

**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 \$15.00/hour.
- Your supervisor will be the department head, and they will sign off on your weekly time sheet.
- A CORI check of all applicants is required 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.
- 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.



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**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
  
- Do you 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
  - o If yes, which department: .....
  - o Would you like to return to that department:     No     Yes     No Preference

**Work Skills:**

	NO	YES
Attentional to Detail		
Microsoft Excel		
Bookkeeping		
Customer Services		
Data Entry		
Filing		
Gardening		
Graphic Design		

	NO	YES
Microsoft Word		
MUNIS		
Microsoft Outlook		
Public Relations		
Public Speaking		
Photography		
Social Media		
Web Design		



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Other skills, volunteers work or hobbies:

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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:	

Name of Employer:		Years employed :
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:



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The Town of Great Barrington is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees. As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI, SORI and Driving History check will be submitted for my personal information to the DCJIS and the Great Barrington Police Department. I hereby acknowledge and provide permission to the Town of Great Barrington to submit a CORI, SORI, and Driving History check for my information. By signing below, I provide my consent to a CORI, SORI, and Driving History check and affirm that the information provided is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Please complete the following (The fields marked with an asterisk (\*) are required fields):

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

\*Current Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

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The following fields to be filled out by Town of Great Barrington:

Verified by (print name of Verifying Employee): \_\_\_\_\_

Signature of Verifying Employee \_\_\_\_\_

Date \_\_\_\_\_

Record Found \_\_\_\_\_ No Record Found: \_\_\_\_\_