



## Residential Application For Bay Restoration Fee and Stormwater Remediation Fee Financial Hardship Exemption

OFFICE OF FINANCE  
Billing and Customer Service  
P. O. Box 427, MS 1103  
Annapolis, MD 21404

Please print

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
TELEPHONE NUMBER		
PROPERTY ADDRESS		

APPLYING FOR EXEMPTION FROM:       Bay Restoration Fee      AND/OR       Stormwater Remediation Fee

**ELIGIBILITY REQUIREMENTS:**

1. The property must receive an individual real property tax bill or an individual quarterly water/wastewater usage bill.
2. For the Stormwater Remediation Fee,
  - (a) the Applicant must certify that they are an  owner and  occupant of a dwelling or dwelling unit; OR
  - (b) the Applicant  has a valid lease or contract to use, and is an  occupant of, a mobile home in a licensed mobile home park. A copy of the lease or contract must be provided with this application. Insert the name of the mobile home park: \_\_\_\_\_

3. Applicant must meet at least 2 of the following conditions to be eligible for the exemption. **Attach a copy of appropriate documentation that verifies compliance with any checked conditions.**

- Receiving energy assistance subsidy
- Receiving supplemental security income (SSI) or food stamps
- Receiving veterans or social security disability benefits
- Meets the following monthly income criteria:

Provide the following information:

		(7/1/2017 - 6/30/2018)*	(7/1/2017 - 6/30/2018)*
Household Size: _____	Household Size	Maximum Monthly Income	Maximum Yearly Income
Monthly income: \$ _____	1	\$1,759.00	\$21,105.00
Social Security No.: _____	2	\$2,368.00	\$28,420.00
	3	\$2,978.00	\$35,735.00
	4	\$3,588.00	\$43,050.00
	5	\$4,197.00	\$50,365.00
	6	\$4,807.00	\$57,680.00
	7	\$5,416.00	\$64,995.00
	8	\$6,026.00	\$72,310.00
	For each additional person, add	\$701.00	\$8,418.00

[\\*Source: Maryland Department of Human Resources/Office of Home Energy Programs](#)

I, the undersigned, do hereby declare under the penalties of perjury that the information provided on this application is, to the best of my knowledge and belief, true, correct, and complete. I also understand that the completion of this application authorizes the Controller of Anne Arundel County to verify the income information provided with the information on my last Maryland State Tax Return. I understand that an exemption is only valid for one (1) year, after such time I must reapply.

APPLICANT'S SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

DATE REVIEWED: _____	BY: _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
TAX BILLING EFFECTIVE: JUL 1, _____ to JUN 30, _____	REASON: _____
UTILITY BILLING CYCLE _____, EFFECTIVE: _____	_____