



Residential Application For Utility Deferment

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

Please print

RESIDENT 1 (OWNER)	LAST NAME	FIRST NAME	MIDDLE INITIAL
	ADDRESS		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
RESIDENT 2	LAST NAME	FIRST NAME	MIDDLE INITIAL
	ADDRESS		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
IF OTHERS RESIDE ON PROPERTY (WHO DO NOT PAY RENT) LIST ON A SEPARATE SHEET			

1. Location of property _____
2. Is any portion of this property used as a business or rental property? _____ If yes, attach explanation.
3. COMPLETE THIS SECTION IF THE DEFERMENT REQUEST IS BASED ON AGE AND INCOME.

STATEMENT OF YEARLY INCOME								
	RESIDENT 1	RESIDENT 2	OTHER RESIDENTS		RESIDENT 1	RESIDENT 2	OTHER RESIDENTS	
WAGES	\$	\$	\$	ALIMONY	\$	\$	\$	
GIFTS	\$	\$	\$	US CIVIL SERV.	\$	\$	\$	
RENTS	\$	\$	\$	ANNUITIES*	\$	\$	\$	
SOCIAL SEC	\$	\$	\$	WELFARE	\$	\$	\$	
DIVIDENDS*	\$	\$	\$	PENSION*	\$	\$	\$	
INTEREST	\$	\$	\$	OTHER SOURCES*	\$	\$	\$	
* PLEASE DEFINE - USE EXTRA SHEET FOR EXPLANATION						TOTAL GROSS INCOME		\$

4. COMPLETE THIS SECTION IF THE DEFERMENT REQUEST IS BASED ON A FINDING OF PERMANENT AND TOTAL DISABILITY. ATTACH PROOF FOR ANY CHECKED BOXES.

APPLICANT IS RECEIVING DISABILITY BENEFITS FROM:			
<input type="checkbox"/> SOCIAL SECURITY ACT <input type="checkbox"/> UNITED STATES CIVIL SERVICE COMMISSION	<input type="checkbox"/> VETERAN'S ADMINISTRATION <input type="checkbox"/> RAILROAD RETIREMENT ACT		

I/We the undersigned, do hereby declare under the penalties of perjury that this application has been examined by the undersigned, and that the statements made in answer to the foregoing questions are full and true to the best of the knowledge and belief of the undersigned.

I/We the undersigned, also understand that the completion of this application authorizes the Controller of Anne Arundel County to verify the adjusted gross income as reported on my/our last Maryland State Income Tax Return.

OWNER SIGNATURE (RESIDENT #1) _____ DATE _____ SIGNATURE (RESIDENT #2) _____ DATE _____

FOR OFFICE USE

PROPERTY ACCOUNT NUMBER _____		DATE _____
REVIEWED BY:	TAX VERIFIED BY:	TOTAL AMOUNT OF LIEN TO DATE
APPROVED BY:	LIEN RECORDED BY:	

Effective July 1, 2017 to June 30, 2018