

**ANNE ARUNDEL COUNTY  
RESIDENTIAL REHABILITATION  
PROPERTY TAX CREDIT APPLICATION**

**To be completed by applicant(s)**

**Please type or print using ink only**

**IMPORTANT! This application must be filed no later than one year after issuance of a certificate of occupancy. Please read County Code § 4-2-313, which is the basis in determining whether the qualifications are fulfilled in order to receive the tax credit.**

**Applications must include a copy of the Certificate of Occupancy and a copy of the Notice of Assessment for the qualified improvements.**

Date Application Filed: \_\_\_\_\_ Date of Certificate of Occupancy: \_\_\_\_\_

Name(s) of Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

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

Property Tax Account Number: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Assessed Value of Property prior to demolition \_\_\_\_\_

Date of demolition \_\_\_\_\_

Building Permit number \_\_\_\_\_

Grading Permit number \_\_\_\_\_

Cost of Improvements: \$ \_\_\_\_\_

Assessment Increase: \$ \_\_\_\_\_

(Attach copy of Assessment Increase Notice and Certificate of Occupancy)

Brief Description of Improvements: \_\_\_\_\_

\_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT.**

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**Application Tracking**

Date Received by Office of Finance \_\_\_\_\_  
Date sent to Inspections and Permits \_\_\_\_\_  
Date Approved/Disapproved by Inspections and Permits \_\_\_\_\_  
Date sent to State Dept. of Assessments and Taxation \_\_\_\_\_  
Date returned to Office of Finance for Approval or Denial \_\_\_\_\_ Date Applicant Notified of Decision \_\_\_\_\_

**To be completed by Department of Inspections and Permits**

Improvements made meet definition of "residential rehabilitation" in § 4-2-313? Yes \_\_\_\_\_ No \_\_\_\_\_  
Demolition of an existing single family detached dwelling unit or units? Yes \_\_\_\_\_ No \_\_\_\_\_  
Construction of new single family detached dwelling unit or units complete? Yes \_\_\_\_\_ No \_\_\_\_\_  
Certificate of Occupancy Issued? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Issued \_\_\_\_\_

Departmental Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by State Department of Assessments and Taxation**

Assessed value prior to demolition: \$ \_\_\_\_\_  
Increase in assessment resulting solely from qualified improvements: \$ \_\_\_\_\_  
Tax Year Beginning \_\_\_\_\_  
SDAT Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Office of Finance**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Maximum Assessment Credit Allowed \$ \_\_\_\_\_**

**Annual Level of Property Tax Credit**

Year 1 (FY \_\_\_) \$ \_\_\_\_\_  
Year 2 (FY \_\_\_) \$ \_\_\_\_\_  
Year 3 (FY \_\_\_) \$ \_\_\_\_\_  
Year 4 (FY \_\_\_) \$ \_\_\_\_\_  
Year 5 (FY \_\_\_) \$ \_\_\_\_\_

Finance Official \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Special Notes \_\_\_\_\_  
\_\_\_\_\_

**Send completed application to: Anne Arundel County, Office of Finance, Attention: Tax Billing Manager, PO Box 427, Annapolis, MD 21404-0427.**