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

APPLICANT

Please print

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:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>(7/1/2020 - 6/30/2021)*</th>
<th>(7/1/2020 - 6/30/2021)*</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Monthly income: $__________________

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,861.00</td>
<td>$22,332.00</td>
</tr>
<tr>
<td>2</td>
<td>$2,515.00</td>
<td>$30,180.00</td>
</tr>
<tr>
<td>3</td>
<td>$3,168.00</td>
<td>$38,016.00</td>
</tr>
<tr>
<td>4</td>
<td>$3,821.00</td>
<td>$45,852.00</td>
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<tr>
<td>5</td>
<td>$4,475.00</td>
<td>$53,700.00</td>
</tr>
<tr>
<td>6</td>
<td>$5,128.00</td>
<td>$61,536.00</td>
</tr>
<tr>
<td>7</td>
<td>$5,781.00</td>
<td>$69,372.00</td>
</tr>
<tr>
<td>8</td>
<td>$6,435.00</td>
<td>$77,220.00</td>
</tr>
</tbody>
</table>

*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:__________________________________________  

TAX BILLING EFFECTIVE: JUL 1,________to JUN 30,________  
REASON:_________________________  
UTILITY BILLING CYCLE ____, EFFECTIVE: ____________________  
__________________________  

Effective July 1,2020 to June 30, 2021