



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

	LAST NAME	FIRST NAME	MIDDLE IN
APPLICANT	MAILING ADDRESS		
	TELEPHONE NUMBER		
	PROPERTY ADDRESS		

APPLYING FOR EXEMPTION FROM: Bay Restorator 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:		(7/1/2020 - 6/30/2021)*	(7/1/2020 - 6/30/2021)*
Household Size: _____	Household Size	Maximum Monthly Income	Maximum Yearly Income

Monthly income: \$ _____	1	\$1,861.00	\$22,332.00
Social Security No.: _____	2	\$2,515.00	\$30,180.00
	3	\$3,168.00	\$38,016.00
	4	\$3,821.00	\$45,852.00
	5	\$4,475.00	\$53,700.00
	6	\$5,128.00	\$61,536.00
	7	\$5,781.00	\$69,372.00
	8	\$6,435.00	\$77,220.00
	each additional person, a	\$654.00	

[*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: _____	_____	

Effective July 1, 2020 to June 30, 2021