HOWARD COUNTY DEPARTMENT OF FINANCE
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2058

FAX 410-313-3239

RENTERS APPLICATION BAY RESTORATION FEE FINANCIAL HARDSHIP EXEMPTION

PERIOD: JULY 01, 2013 THRU JUNE 30, 2014

Please print, except where signature is required

NAME: _____ **WATER & SEWER ACCOUNT #:**_____

ADDRESS: _____

TELEPHONE #:_____

ELIGIBILITY REQUIREMENTS:

1. The applicant must not be an owner of the property and not responsible for the payment of the property tax bill.
2. The property must receive an individual quarterly water usage bill.
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 check conditions.**

☐ Receiving energy assistance subsidy

☐ Receiving supplemental security income (SSI) or food stamps

☐ Receiving veterans or social security disability benefits

☐ Meets the following income criteria for tax year 2012:

Household Size	Maximum Gross Annual Income*
1	$28,725
2	$38,775
3	$48,825
4	$58,875
5	$68,925
For each additional person	10,050

*Maximum Gross Annual Income is Total Gross Income for all members of the household **NOT** Adjusted Gross Taxable Income. Please provide the first two (2) pages of the 2012 Income Tax Return for all members of the household who file. If members of the household receive Social Security benefits, please provide a copy of the 2012 SSA-1099 for each recipient and complete the income section below.

HOUSEHOLD MEMBERS:

NAME	DOB	SSN	INCOME	SOURCE

TOTAL GROSS HOUSEHOLD INCOME (not adjusted gross income): $_____

Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2012? ☐ **Yes** ☐ **No**

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISINFORMATION OR REFUSAL TO DISCLOSE INFORMATION WHICH IS ESSENTIAL FOR A DETERMINATION OF ELIGIBILITY IS A BASIS FOR DISAPPROVAL OF MY APPLICATION. ALSO, I HEREBY AUTHORIZE THE HOWARD COUNTY DEPARTMENT OF FINANCE TO VERIFY/OBTAIN ANY INFORMATION AND DOCUMENTATION WHICH WILL ASSIST IN DETERMINING ELIGIBILITY FOR ASSISTANCE.

_____ _____

Applicant's Signature **Date**

Mail to: **Howard County Department of Finance**
P.O. Box 3370
Attn: Bay Fee Exemption
Ellicott City, MD 21041-3370