



## Residential Application For Bay Restoration Fee Financial Hardship Exemption

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

Please print

APPLICANT

LAST NAME	FIRST NAME	MIDDLE INI
MAILING ADDRESS		
TELEPHONE NUMBER		
PROPERTY ADDRESS		

**ELIGIBILITY REQUIREMENTS:**

1. The property must receive an individual real property tax bill or an individual quarterly water/wastewater usage bill.
2. 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 income criteria:

Provide the following information:

		(7/1/2024 - 6/30/2025)* Maximum Monthly Income	(7/1/2024 - 6/30/2025) Maximum Yearly Income
Household Size: _____	<b>Household Size</b>		
Monthly income: \$ _____	1	\$2,510.00	\$30,120.00
Social Security No.: _____	2	\$3,406.67	\$40,880.04
	3	\$4,303.33	\$51,639.96
	4	\$5,200.00	\$62,400.00
	5	\$6,096.67	\$73,160.04
	6	\$6,993.33	\$83,919.96
	7	\$7,890.00	\$94,680.00
	8	\$8,786.67	\$105,440.04
	9	\$9,683.33	\$116,199.96
	10	\$10,580.00	\$126,960.00

[\\*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
UTILITY BILLING CYCLE: _____ EFFECTIVE: _____	Reason _____

**Effective July 1, 2024 to June 30, 2025**