**BAY RESTORATION FEE HARDSHIP EXEMPTION APPLICATION**

**Forms must be received no later than April 30th**

**(Exemption Period: One year based on fiscal year July 1st through June 30th)**

**\*\*\*\* Please note! CAC is the referring agency only and does not make a determination on the exemption from the Bay Restoration Fee. If you have questions/concerns, please contact the phone number on your bill \*\*\*\***

Is this a residential owner-occupied property? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, this property is not eligible for exemption)

(PLEASE PRINT OR TYPE ALL INFORMATION)

Applying for Fiscal Year Ending June 30, 20\_\_\_\_

Property Account No: \_\_\_- \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Water Account No: Sewer Account No:

Name: Home Telephone:

Address:

Mailing Address:

City: State: Zip Code:

Name of Property Owner(s):

(If different than applicant)

**Please circle all that apply and attach verification** (two of the four items may qualify the household for the exemption. **If no verification is provided, your application will not be processed**):

1. Receive energy assistance;

2. Receive supplemental security income (SSI) or food stamps;

3. Receive veterans or social security disability benefits;

4. At or below poverty income guidelines for Maryland per the Energy Assistance Office.

**Please return the following items with this form**:

Copy of Property Tax Bill (if you have well and septic service)

Copy of Water Bill (if you have public water)

Copy of Sewer Bill (if you have public sewer)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE PREPARED AND EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Applicant’s Signature Date