

FALLEN HEROES’ PROPERTY TAX CREDIT

APPLICATION FOR EXEMPTION ON WASHINGTON COUNTY MARYLAND REAL ESTATE (To be filed with the Washington County Treasurer’s Office at the address shown below)

OWNER NAME:                                 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP:                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY LOCATION/ADDRESS:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT/PARCEL IDENTIFICATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL RESIDENCE (please circle): YES / NO

MARITAL STATUS (please circle): SINGLE / MARRIED

PLEASE ATTACH DOCUMENTATION IN SUPPORT OF THIS APPLICATION AS FOLLOWS (Required at time of initial application. Not required for annual renewal.)

\_\_\_\_\_\_Certificate of Death

\_\_\_\_\_\_Documentation to validate loss of life in the line of duty

\_\_\_\_\_\_Proof of employment at time of death as a law enforcement, correctional officer or judicial officer or proof of active service as a law enforcement officer or service in the fire & rescue service, emergency medical service, or judicial officer at the time of death

I understand that this credit is applicable only to Washington County real estate property taxes, and this credit is not applicable to property taxes due to other jurisdictions, including state and municipal taxes where applicable.

I declare under the penalties of perjury, pursuant to Section 9-210, Tax Property Article, Annotated Code of Maryland, that this application and any accompanying documentation have been examined by me and are true, correct, and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF APPLICANT PHONE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF APPLICANT (please print) APPROVAL DATE

1. West Washington Street, Suite 102 | Hagerstown, MD 21740-4868 | P: 240.313.2110 F: 240.313.2111 | Email: treasurer3@washco-md.net | TDD: 711

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