



**TOWN OF BOONSBORO
BAY RESTORATION FUND
EXEMPTION PROCEDURE**

The Town of Boonsboro has established a program to exempt certain owner occupied residential properties from the Bay Restoration Fee based on substantial financial hardship.

PROPOSED FINANCIAL HARDSHIP EXEMPTION CRITERIA:

In order to qualify for this exemption, the applicant must meet at least **two (2)** of the following criteria:

- Receiving energy assistance subsidy;
- Receiving public assistance – supplemental security income (SSI) or food stamps;
- Receiving veterans or social security disability benefits;
- Receiving the Homeowner’s Property Tax Credit for same fiscal year;
- Meeting the income criteria below:

Income Eligibility Limits (Effective July 1, 2015 – June 30, 2016)

<i>Household Size</i>	<i>Monthly Income Is Less than</i>
1	\$1,716.00
2	\$2,323.00
3	\$2,930.00
4	\$3,536.00
5	\$4,143.00
6	\$4,750.00
For each additional person add	\$ 607.00

* Source: Maryland Department of Human Resource
www.dhr.state.md.us

APPLICATION PROCEDURE AND FORMS:

- Complete the Bay Restoration Fee hardship exempt application form.
- Check all boxes that apply. You must check at least two (2) boxes to qualify for an exemption.
- Verification of any exemption criteria (proof of assistance, proof of income, etc.) must be presented with the completed application.
- Sign and date the application and submit it by May 30th with the verification document to:

Town of Boonsboro
21 N. Main Street
Boonsboro, MD 21713
Attn: Town Manager

REQUIRED SUPPORTING DOCUMENTATION:

- Copy of tax bill.
- Proof the applicant is the owner and resides at the property – copy of energy bill.
- Copy of other documentation of receiving one of the above benefits.

EXEMPTION TIME-PERIOD:

- Maximum of one year based on fiscal year July 1st through June 30th.
- Applicant must request exemption renewal.



**TOWN OF BOONSBORO
BAY RESTORATION FUND
EXEMPTION APPLICATION**

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

Date of Application: _____

Tax Map: _____ Parcel: _____ Lot: _____ Property Account Number: _____
(Include a Copy of Tax Bill)

Applying for the Fiscal Year Period of July 1, 20 ____ to June 30, 20 ____

Name of Property Owner/Applicant: _____

Daytime Phone: _____ Email Address: _____

Address of Property: _____

Mailing Address: _____
(if different than address of property)

QUALIFYING FACTORS: *(Please check all that apply. Homeowner must meet **two (2)** for an exemption to be granted.)*

- I am receiving an energy assistance subsidy from the Department of Social Services:
(Must supply current award letter as documentation.)
- I am receiving public assistance benefits such as supplemental security income (SSI) or food stamps: *(Must supply benefit award letter as documentation.)*
- I am receiving veterans or social security disability benefits. *(Must supply benefit award letter as documentation.)*
- I meet the household income criteria listed on the following page.
- I have applied for and received the Homeowner's Property Tax Credit for the same Fiscal Year. *(Must supply verification.)*

Please check the number of individuals in your household and fill in your actual household income. Must supply proof of household's gross income received in the 30 days prior to the date you sign this application – bank statements, pay subs, etc.

<i>Household Size</i>	<i>Monthly Income is less than</i>	<i>Actual Income</i>
<input type="checkbox"/> 1	\$1,716.00	_____
<input type="checkbox"/> 2	\$2,323.00	_____
<input type="checkbox"/> 3	\$2,930.00	_____
<input type="checkbox"/> 4	\$3,536.00	_____
<input type="checkbox"/> 5	\$4,143.00	_____
<input type="checkbox"/> 6	\$4,750.00	_____
___ additional persons	Add \$ 607.00 each	_____

Signature of Residential Property Owner: _____ Date: _____

Print Name: _____

Note: Approved exemption is valid for the specified Fiscal Year period only. Any subsequent exemptions must be reprocessed and verified by May 30 of each year. No reminder will be sent; it is up to the property owner to re-apply.

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Office Use Only

Proof of benefits attached (2): YES or NO (circle one)

Approved: _____ Date approved: _____ Expires: _____

Disapproved: _____ Reason for disapproval: _____

Reviewed by: _____ Approval Signature: _____