

**Bay Restoration Fund
Financial Hardship
Exemption Application**

2022-2023

**Allegheny County Tax & Utility Office
701 Kelly Road, Suite 201
Cumberland, MD 21502
Phone (301)777-5965**

PLEASE PRINT ALL INFORMATION

Water/Sewer/Bay Account Number _____ Parcel ID Number _____
Name _____ Service Address _____
(If different from mailing address)
Mailing Address _____
City, State, Zip _____ Phone Number _____

Please check all that apply:

(Applicant must have **TWO of the following** to be considered for exemption)

1. Receive **Energy Assistance** 2023 subsidy (Please contact energy assistance @ 301-777-8550 if you need to Apply – proof will be faxed directly to our office once approved.)
2. Receive **Supplemental Security Income (SSI)** or **Food Stamps ***
3. Receive **Veterans Disability** Benefits or **Social Security Disability** Benefits * (Disability Only)
4. Receive **State of MD Homeowner Property Tax Credit** or **Disabled Veterans Real Estate Tax Exemption**

I declare the information provided is true, correct, and complete.

Applicant's Signature

Date

Please return the completed form along with the following documentation to verify eligibility of exemption:

* Must provide **written Proof** of SSI, Food Stamps, and/or Veterans or Social Security Disability benefits. Please do **NOT** include bank statements, copies of Independence cards or check stubs as proof of benefits.

*Bay Exemption is Not Retroactive. Any previous balance on the account must be paid in full to be considered for exemption.

*Property for Exemption must be your principal residence, and applicant must be the owner of the property.

This application applies only to the year 10/1/22-9/30/23. A new application must be completed every year in order to be considered for a financial hardship exemption.

| OFFICE USE ONLY | | |
|-----------------------------|------------|--------------------|
| <i>Date Received:</i> | | |
| <i>Application Complete</i> | <i>Yes</i> | <i>No</i> |
| <i>Approval:</i> | <i>Yes</i> | <i>No</i> |
| <i>Sign Off:</i> | _____ | <i>Date:</i> _____ |
| <i>Exemption Number</i> | 22- | |

10/01/22