## Bay Restoration Fund Financial Hardship Exemption Application

Garrett County Tax Office
Garrett County Courthouse
203 South 4th Street - Room 107A
Oakland, Maryland 21550
301-334-8085

Date

Approved



## For the Tax Year: \*July 1, 2025 - June 30, 2026\*

\*Note: This application must be received between the above dates and applies only to these dates.

A new application must be completed every year.

| 301-334-8985  |  | A new application mus   | t be completed every year.                    |  |
|---|--|---|---|--|
| <u>PLEASE PRINT A</u>   | <u>LL INFORMATION</u>  |   |   |  |
| Real Estate or Customer Number  | Name   | Name  |   |  |
| Telephone Number  | Mailing Addr   | Mailing Address   |   |  |
| Service Address   | City, State, Zi  | City, State, Zip  |   |  |
| (if different from Mailing Address)   |  |   |   |  |
|   | ALL THAT APPLY   |   |   |  |
| (At least <b>TWO</b> conditions must apply and b  |  | * '   |   |  |
| Receive supplemental security income (SSI) or food stamps   | Receive Energy Assistance Subsidy (Must supply current Community Action Award Letter as documentation) |   |   |  |
| (Must supply benefit award letter as documentation)   | (Must supply current Com   | munity Action Award Letter as docum   | entation)                                     |  |
| Receive veterans or social security disability benefits   | Meet the income criteria be  | elow:   |   |  |
| (Must supply benefit award letter as documentation)   |  |   |   |  |
| (   |  |   |   |  |
|   | Household Size   | Monthly income is less than:  | Actual Income                                 |  |
|   | <b></b> 1  | \$2,608.00  |   |  |
|   | <u> </u>   | \$3,525.00  |   |  |
|   | <u></u> 3  | \$4,441.00  |   |  |
|   | <b>4</b>   | \$5,358.00  |   |  |
|   | <u></u> 5  | \$6,275.00  |   |  |
|   | □ 6  | \$7,191.00  |   |  |
|   | <b></b> 7  | \$8,108.00  |   |  |
|   | <b>□</b> 8   | \$9,025.00  |   |  |
|   | Additional Pe  | ersons Add \$917.00 each  |   |  |
|   | If over 8 pers   | ons please specify number of additional   | al persons                                    |  |
| PLEASE RETURN THIS COMPLETED SIGNED APPLICATION ALONG WITH THE TO THE ABOVE ADDRESS. DOCUMENTATION MUST BE PROVIDED FOR EACH PROCESSED AND WILL BE RETURNED. PLEASE NOTE THAT EXEMPTION APPLIPMENSON, YOU MAY HAVE TO WAIT FOR A REVISED BILL TO BE MAILED TO THE PROPERTY OF | H OF THE CHECKED CONDITION<br>ICATIONS MAY NOT BE PROCESSI<br>TO YOU OR PAY YOUR CURRENT I             | S. APPLICATIONS MISSING DOCUME<br>ED ON THE SAME DAY. IF YOU RETU<br>BILL IN FULL AND RECEIVE A REFUN | NTATION WILL NOT BE<br>RN YOUR APPLICATION IN |  |
|   | true, correct, and complete.   | to the sest of my   |   |  |
| Applicant's Signature   | Dat  | te  |   |  |
| For Office Use Only:  |  |   |   |  |

Denied

Action

Initials