



TOWN OF EMMITSBURG

300A South Seton Avenue Emmitsburg, Maryland 21727; Phone: 301-600-6300; info@emmitsburgmd.gov

Bay Restoration Fee Hardship Exemption Program

Proposed financial hardship exemption criteria:

The applicant must meet two of the following conditions:

- If owner-occupied, property owner must be receiving the Homeowners' Property Tax Credit.
- Receiving energy assistance subsidy;
- Receiving public assistance-supplemental security income (SSI) or food stamps;
- Receiving veterans or social security disability benefits;
- Household child receiving free or reduced lunch benefits.

Application Procedure and forms:

- Completion of Bay Restoration Fee hardship exemption application form.
- Proof the applicant resides at the property.

Required Supporting Documentation:

- Copy of tax bill or proof of Homeowners' Property Tax Credit approval.
- Copy of energy bill, benefit check, or other documentation of receiving one of the above benefits.

Exemption time-period:

- Maximum of one year based on fiscal year July 1 through June 30
- Applicant must request exemption renewal.
- Application must be received by July 30 of the effective year
- New residents will be reviewed upon application then again on July 1

Estimated number of residential users qualifying for exemption:

- Approximately 200 maximum

For more information go to www.emmitsburgmd.gov



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BAY RESTORATION FEE HARDSHIP EXEMPTION APPLICATION

Fiscal Year July 1, 2018 – June 30, 2019

(PLEASE PRINT OR TYPE)

Property Account Number: _____

Name of Applicant: _____

Address of Property: _____

Mailing Address: _____

(If different from address of property)

1. Do you _____ own or _____ rent?

For owners: Have you applied for the Homeowners' Property Tax Credit for the same fiscal year as above? _____ Yes _____ No

For renters: Landlord name and address: _____

2. Are you currently receiving benefits from any of the following programs?

- Energy assistance subsidy _____ Yes _____ No
- Public assistance – supplemental security income (SSI) or food stamps _____ Yes _____ No
- Veterans or social security disability benefits _____ Yes _____ No
- Does any child in your household receive free or reduced cost lunches? _____ Yes _____ No

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.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Date application received _____

Verified benefits statement _____

Exemption Approved _____ Denied _____

STAFF SIGNATURE: _____

DATE: _____

Town of Emmitsburg, Maryland

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