City of Taneytown
Residential Application For Bay Restoration Fee
Financial Hardship Exemption

Send application to:
City of Taneytown
Attn: Treasurer
17 East Baltimore Street
Taneytown MD  21787

Account ID:______________________

____________________________________________________________________________
Name       Home Phone Number

____________________________________________________________________________
Mailing Address       Other Phone Number Cell Phone or Work

____________________________________________________________________________
City, State, Zip       Street Address (if different from your mailing address)

I certify that I reside at the above address, that I meet the following conditions for exemption from the Bay Restoration Fee, and that I have enclosed the required documentation with my completed and signed application:

(You must meet at least two of the following conditions. Please circle the number of the two that apply to you.)

1. Receive energy assistance subsidy. Confirmation on official letterhead is required.
2. Receive public assistance- supplemental Social Security Income (SSI) or food stamps. Confirmation on official letterhead is required.
3. Receive Veterans or Social Security disability benefits. Confirmation on official letterhead is required.
4. Meet the income criteria below. A copy of the federal and state tax return you filed for the prior calendar year is required.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Gross Monthly Income</th>
<th>Maximum Gross Yearly Income</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,628.95</td>
<td>$19,547.50</td>
</tr>
<tr>
<td>2</td>
<td>$2,206.45</td>
<td>$26,477.50</td>
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<tr>
<td>3</td>
<td>$2,783.95</td>
<td>$33,407.50</td>
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<tr>
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<td>$3,361.45</td>
<td>$40,337.50</td>
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<tr>
<td>5</td>
<td>$3,938.95</td>
<td>$47,267.50</td>
</tr>
<tr>
<td>6</td>
<td>$4,516.45</td>
<td>$54,197.50</td>
</tr>
<tr>
<td></td>
<td>$577.50</td>
<td>$6,930.00</td>
</tr>
</tbody>
</table>

For each additional person, add $577.50

(Income limits established by the Maryland Department of Human Resources/Office of Home Energy Programs.)

I understand that, if approved, this exemption will apply to the property in which I am residing, as identified on this application, and that it will be applied in the next billing period following approval. I further understand that this exemption expires at the end of the City’s current fiscal year (June 30). I understand that if I believe I still meet the necessary conditions for exemption it is my responsibility to re-apply by submitting a new application and all necessary supporting documentation on an annual basis. Failure to re-apply each year will result in the removal of the granted exemption.

Applicant Signature  Print Name  Date

For Office Use Only
Exemption: Approved / Denied (Circle one)

By: __________________________ Date: __________

Printed Name: __________________________

Title: __________________________