

**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: \_\_\_\_\_

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Name Home Phone Number

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Mailing Address Other Phone Number Cell Phone or Work

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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.

Household Size	Maximum Gross Monthly Income	Maximum Gross Yearly Income
1	\$1,628.95	\$19,547.50
2	\$2,206.45	\$26,477.50
3	\$2,783.95	\$33,407.50

4	\$3,361.45	\$40,337.50
5	\$3,938.95	\$47,267.50
6	\$4,516.45	\$54,197.50
For each additional person, add	\$577.50	\$6,930.00

(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.

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Applicant Signature

Print Name

Date

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For Office Use Only

Exemption: Approved / Denied (Circle one)

By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_