

# Bay Restoration Fund Financial Hardship Exemption Application

Garrett County Tax Office  
Garrett County Courthouse  
203 South 4th Street - Room 107A  
Oakland, Maryland 21550  
301-334-8985



**For the Tax Year:**  
**\*July 1, 2023 - June 30, 2024\***  
*\*Note: This application must be received between the above dates and applies only to these dates.  
A new application must be completed every year.*

**PLEASE PRINT ALL INFORMATION**

Real Estate or Customer Number	Name
Telephone Number	Mailing Address
Service Address <small>(if different from Mailing Address)</small>	City, State, Zip

**PLEASE CHECK ALL THAT APPLY**

(At least **TWO** conditions must apply and be documented to be considered for exemption)

- |  |   |
|--|---|
| <input type="checkbox"/> Receive supplemental security income (SSI) or food stamps<br><small>(Must supply benefit award letter as documentation)</small> | <input type="checkbox"/> Receive Energy Assistance Subsidy<br><small>(Must supply current Community Action Award Letter as documentation)</small>   |
| <input type="checkbox"/> Receive veterans or social security disability benefits<br><small>(Must supply benefit award letter as documentation)</small>   | <input type="checkbox"/> Meet the income criteria below:<br><small>(Must supply proof of household's gross income received in the 30 days prior to the date you sign this application - bank statements, pay stubs, etc...)</small> |

Household Size	Monthly income is less than:	Actual Income
<input type="checkbox"/> 1	\$2,430.00	_____
<input type="checkbox"/> 2	\$3,287.00	_____
<input type="checkbox"/> 3	\$4,143.00	_____
<input type="checkbox"/> 4	\$5,000.00	_____
<input type="checkbox"/> 5	\$5,857.00	_____
<input type="checkbox"/> 6	\$6,713.00	_____
<input type="checkbox"/> 7	\$7,570.00	_____
<input type="checkbox"/> 8	\$8,427.00	_____
<input type="checkbox"/> Additional Persons	Add \$857.00 each	_____
_____ If over 8 persons please specify number of additional persons		

PLEASE RETURN THIS COMPLETED SIGNED APPLICATION ALONG WITH THE REQUIRED DOCUMENTATION OF THE ABOVE CHECKED CONDITIONS IN PERSON OR BY MAIL TO THE ABOVE ADDRESS. DOCUMENTATION MUST BE PROVIDED FOR EACH OF THE CHECKED CONDITIONS. APPLICATIONS MISSING DOCUMENTATION WILL NOT BE PROCESSED AND WILL BE RETURNED. PLEASE NOTE THAT EXEMPTION APPLICATIONS MAY NOT BE PROCESSED ON THE SAME DAY. IF YOU RETURN YOUR APPLICATION IN PERSON, YOU MAY HAVE TO WAIT FOR A REVISED BILL TO BE MAILED TO YOU OR PAY YOUR CURRENT BILL IN FULL AND RECEIVE A REFUND CHECK BY MAIL.

*Under penalties of perjury, I declare I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.*

\_\_\_\_\_  
Applicant's Signature Date

For Office Use Only:

Date	Approved	Denied	Action	Initials
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