



CECIL COUNTY

200 CHESAPEAKE BLVD., SUITE 1100
ELKTON, MARYLAND 21921
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BAY RESTORATION FEE HARDSHIP EXEMPTION APPLICATION

(Exemption Period: One year based on fiscal year July 1st through June 30th)

Property Account No: _____ Applying for Fiscal Year beginning July 1, 20____

Name of Applicant: _____ Phone No.: _____

Address of Property: _____

Mailing Address: _____

If Mailing Address and Address of Property differ, please provide explanation: _____

Name of Property Owner(s): _____

If Name of Applicant and Name of Property Owner differ, please provide explanation: _____

Questions:

1. Is this a residential owner-occupied property? ____ Yes (Proceed to Question 2) ____ No (If no, this property is not eligible for an exemption)
2. Have you applied for and received the Homeowners' Property Tax Credit for the same fiscal year as this application?
____ Yes (Proceed to Question 3)
____ No (If no, this property is not eligible for an exemption)
3. Are you currently receiving benefits from at least one of the following programs:
 - Energy assistance subsidy
 - Public Assistance – WIC, Temporary Cash Assistance, Food Stamps
 - Social Security Disability Income (SSI) or Veterans Disability Benefits
 ____ Yes (Please provide proof)
 ____ No (If no, this property is not eligible for an exemption)

Requirements:

- a. Application must be received by September 1 of any given fiscal tax year. This date may be extended to coincide with the filing deadline for the Homeowners' Property Tax Credit as determined by the State of Maryland.
- b. The exemption for the Bay Restoration Fee will be granted only if the Property Owner receives a Homeowners' Property Tax Credit for this property from the State of Maryland and provides proof of receiving benefits from at least one of the above referenced programs.

I declare under the penalties of perjury pursuant of § 1-201 of the Annotated Code of Maryland Tax-Property Article that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete.

Signature of Property Owner(s)

Date

County Use Only			
Date Received: _____	Date Reviewed: _____	By: _____	
<input type="checkbox"/> Verified HOTC Approval	<input type="checkbox"/> Approved		
<input type="checkbox"/> Verified other Benefits	<input type="checkbox"/> Denied		
Tax Billing Effective: July 1, _____ to June 30, _____		Reason: _____	
Utility Billing Effective: July 1, _____ to June 30, _____			