



## Town of Sudlersville

200 South Church Street

Sudlersville, MD 21668

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### TOWN OF SUDLERSVILLE BAY RESTORATION FEE HARDSHIP EXEMPTION APPLICATION

(Exemption Period: One year based on Fiscal Year July 1<sup>st</sup> through June 30<sup>th</sup>)

Date of Application: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Property Account Number: \_\_\_\_\_  
(Include a Copy of Tax Bill)

Applying for Fiscal Year Beginning July 1, 20 \_\_\_\_ and Ending June 30, 20 \_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Property Owner, if different from Applicant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than address of property)

**QUALIFYING FACTORS:** (Please check all that apply. Homeowner must meet **two (2)** for an exemption to be granted.)

- I am receiving an energy assistance subsidy from the Department of Social Services. (Must supply current award letter as documentation.)
- I am receiving public assistance benefits, such Temporary Cash Assistance (TCA), Medical Assistance (MA), Supplemental Nutrition Assistance Program (SNAP), or other public assistance benefits from the Department of Social Services. (Must supply benefit award letter as documentation.)
- I am receiving veterans or social security disability benefits. (Must supply benefit award letter as documentation.)
- I have applied for and received the Homeowner's Property Tax Credit for the same Fiscal Year. (Must supply verification.)

I meet the following household income criteria (*Please check the number of individuals in your household and fill in your actual household income. You must supply proof of your household's gross income received in the 30 days prior to the date you sign this application – bank statements, pay stubs, etc.*):

<i>Household Size</i>	<i>Monthly Income is less than</i>	<i>Actual Income</i>
<input type="checkbox"/> 1	\$1,628.95	_____
<input type="checkbox"/> 2	\$2,206.45	_____
<input type="checkbox"/> 3	\$2,783.95	_____
<input type="checkbox"/> 4	\$3,361.45	_____
<input type="checkbox"/> 5	\$3,938.95	_____
<input type="checkbox"/> 6	\$4,516.45	_____
___ <i>additional persons</i>	<i>Add \$ 577.50 each</i>	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Note: Exemption valid for one (1) Fiscal Year which will end on June 30 of each year. Any subsequent exemptions must be reprocessed and verified by May 30 of each year. No reminder will be sent; it is up to the applicant to re-apply.***

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**Office Use Only**

Proof of benefits attached (2): YES or NO (circle one)

Approved: \_\_\_\_\_ Date approved: \_\_\_\_\_ Expires: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Approval Signature: \_\_\_\_\_