

# City of Hagerstown Residential Rehab Tax Credit Program Application

## Part I – Before Start of Work

**Applicant:**

Owner's Name:	
Address and Daytime Telephone:	

**Property:**

Address:	
Property Identification:	Parcel ID/Tax Account No:
	City Tax Map No:

**Please check one:**     Single-family residence     Duplex     Multi-family residence  
[# of units \_\_\_\_\_]

**Pre-Rehabilitation Assessed Value (Tax Data Base):** \_\_\_\_\_

**In accordance with Maryland's Annotated Code Tax Property Section 9-302 and the City of Hagerstown's Code Section 223-13, I request a credit on my city property taxes for the following rehabilitation work: (provide brief description)**

**Attach photographs of affected areas and more detailed information and plans of the proposed work.**

**Estimated total cost of the project:** \_\_\_\_\_

Contractor:	
Contractor phone:	
Contractor address:	

Start date of the project: \_\_\_\_\_ Estimated Completion date of the project: \_\_\_\_\_

**I certify that the information provided is correct to the best of my knowledge. If requested, I will provide the information required to verify this data.**

**Owner(s)/Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_