



CITY OF HAGERSTOWN
Support Services & Finance Office

32 N. Potomac St., Suite 100 | Hagerstown, Maryland 21740 | 301.790.4160 | www.hagerstownmd.org

BAY RESTORATION FEE HARDSHIP EXEMPTION APPLICATION

Forms must be received no later than December 31, 2025

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

Date of Application: _____

Tax Map: _____ Parcel: _____ Lot: _____ Property Address Number: _____
(Include a Copy of Tax Bill)

Applying for the Fiscal Year Period of July 1, 2026 to June 30, 2027

Name of Property Owner/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 as supplemental security income (SSI) or food stamps: *(Must supply benefit award letter as documentation.)*
- I am receiving veterans or social security disability benefits.
(Must supply benefit award letter as documentation.)
- I meet the household income criteria listed on the following page.
- I have applied for and received the Homeowner's Property Tax Credit for the same Fiscal Year.
(Must supply verification.)



Please check the number of individuals in your household and fill in your actual household income. 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.

<i>Household Size</i>	<i>Monthly Income is less than</i>	<i>Actual Income</i>
<input type="checkbox"/> 1	\$2,510.00	_____
<input type="checkbox"/> 2	\$3,407.00	_____
<input type="checkbox"/> 3	\$4,303.00	_____
<input type="checkbox"/> 4	\$5,200.00	_____
<input type="checkbox"/> 5	\$6,097.00	_____
<input type="checkbox"/> 6	\$6,993.00	_____
____ additional persons	Add \$654.00 each	_____

Signature of Residential Property Owner: _____

Date: _____

Print Name: _____

Note: Approved exemption is valid for the specified Fiscal Year period only. Any subsequent exemptions must be reprocessed and verified by May 30 of each year. No reminder will be sent; it is up to the property owner to re-apply.

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: _____