



Mayor & Council of Berlin

10 William Street, Berlin, Maryland 21811

Phone 410-641-2770 Fax 410-641-2316

www.berlinmd.gov



BAY RESTORATION FUND FINANCIAL HARDSHIP EXEMPTION

Certain Residential Users may be exempt from paying this fee.

Please review the attached application to see if you qualify for this exemption.

The application may be completed electronically, but then must be printed and signed before returning it with all supporting documentation either by mail or in person to Town Hall.

Exemption status will only be good from July 1, 2015 – June 30, 2016; at that time you will need to reapply for the exemption.

If you have any questions about the fee or the exemption process, please call Town Hall at 410-641-2770.

Bay Restoration Fund Financial Hardship Exemption Application

Town of Berlin Finance Department
10 William Street
Berlin, MD 21811
410-641-2770



For the Tax Year:
July 1, 2015 – June 30 2016
**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

Account Number

Name

Telephone Number

Mailing Address

Service Address

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

Household Size	Monthly income is less than:	Actual Income
<input type="checkbox"/> 1	\$1,633	_____
<input type="checkbox"/> 2	\$2,200	_____
<input type="checkbox"/> 3	\$2,766	_____
<input type="checkbox"/> 4	\$3,333	_____
<input type="checkbox"/> 5	\$3,900	_____
<input type="checkbox"/> 6	\$4,466	_____
<input type="checkbox"/> Additional Persons	Add \$566 each	_____

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 CANNOT BE PROCESSED ON THE SAME DAY.

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