

**Bay Restoration Fund
Financial Hardship
Exemption Application**

2009-10

**Allegany County Tax & Utility Office
701 Kelly Road, Suite 201
Cumberland, MD 21502-3401
Phone (301)777-5965**

PLEASE **PRINT** ALL INFORMATION

Account Number _____ Home Phone Number _____
Name _____ Service Address _____
Mailing Address _____ (If different from mailing address)
City, State, Zip _____

Please check all that apply:
(at least **two** conditions must apply to be considered for exemption)

1. Receive energy assistance subsidy *

(For proof for **2010 approval**, please contact energy assistance @ 301-777-8550, and proof will be faxed directly to our office.)

2. Receive supplemental security income (SSI) or food stamps *

3. Receive veterans or social security **disability** benefits *

4. Receive State of MD Homeowner Property Tax Credit

I declare the information provided is true, correct, and complete.

Applicant's Signature

Date

Please return the completed form along with the following documentation to verify eligibility of exemption:

* Proof of energy assistance subsidy, SSI, food stamps, and/or veterans or social security disability benefits

This application applies only to the year 10/1/09-9/30/10. A new application must be completed every year in order to be considered for a financial hardship exemption.

| OFFICE USE ONLY | | |
|-----------------------------|------------|--------------------|
| <i>Date Received:</i> | | |
| <i>Application Complete</i> | <i>Yes</i> | <i>No</i> |
| <i>Approval:</i> | <i>Yes</i> | <i>No</i> |
| <i>Sign Off:</i> | _____ | <i>Date:</i> _____ |
| <i>Exemption Number</i> | 09- | |

09/12/09