

Bay Restoration Fund Financial Hardship Exemption Application

Town of Snow Hill
103 Bank Street
Snow Hill, MD 21863
410-632-2080

For the Tax Year:
July 1, 2014 – June 30 2015

**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)

Receive supplemental security income (SSI) or food stamps
(Must supply benefit award letter as documentation)

Receive Energy Assistance Subsidy
(Must supply current Community Action Award Letter as documentation)

Receive veterans or social security disability benefits
(Must supply benefit award letter as documentation)

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	\$1,675	_____
<input type="checkbox"/> 2	\$2,261	_____
<input type="checkbox"/> 3	\$2,848	_____
<input type="checkbox"/> 4	\$3,434	_____
<input type="checkbox"/> 5	\$4,020	_____
<input type="checkbox"/> 6	\$4,606	_____
<input type="checkbox"/> Additional Persons	Add \$586 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 DAY IT IS RECEIVED. APPLICATIONS ARE ACCEPTED ONLY FROM APRIL 1ST TO MAY 31ST.

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
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