

Town of New Windsor
Residential Application for Bay Restoration Fee
Financial Hardship Exemption

Send application to:

Town of New Windsor
 209 High Street, P.O. Box 609
 New Windsor, MD 21776

Account #: _____

Name Home Phone Number

Mailing Address Other Phone Number Cell Phone or Work

City, State, Zip Street Address (if different from your mailing address)

I certify that I reside at the above address, that I meet the following conditions for exemption from the Bay Restoration Fee, and that I have enclosed the required documentation with my completed and signed application:

(You must meet at least two of the following conditions. Please circle the number of the two that apply to you.)

1. Receive energy assistance subsidy. Confirmation on official letterhead is required.
2. Receive public assistance- supplemental Social Security Income (SSI) or food stamps. Confirmation on official letterhead is required.
3. Receive Veterans or Social Security disability benefits. Confirmation on official letterhead is required.
4. Meet the income criteria below. A copy of the tax return you filed for the prior calendar year is required.

Household Size	Maximum Gross Monthly Income	Maximum Gross Yearly Income
1	\$1,628.95	\$19,547.50
2	\$2,206.45	\$26,477.50
3	\$2,783.95	\$33,407.50

4	\$3,361.45	\$40,337.50
5	\$3,938.95	\$47,267.50
6	\$4,516.45	\$54,197.50
For each additional person, add	\$577.50	\$6,930.00

(Income limits established by the Maryland Department of Human Resources/Office of Home Energy Programs.)

I understand that, if approved, this exemption will apply to the property in which I am residing, as identified on this application, and that it will be valid for 12 months from the date of approval. I further understand that this exemption expires 12 months from the date of approval. I understand that if I believe I still meet the necessary conditions for exemption it is my responsibility to re-apply by submitting a new application and all necessary supporting documentation on an annual basis.

Applicant Signature

Print Name

Date

For Office Use Only

Exemption: Approved / Denied (Circle one)

By: _____ Date: _____

Printed Name: _____

Title: _____