TOWN OF GALENA BAY RESTORATION FUND EXEMPTION PROCEDURE

The Town of Galena has established a program to exempt certain owner-occupied residential properties from the Bay Restoration Fee based on substantial financial hardship.

PROPOSED FINANCIAL HARDSHIP EXEMPTION CRITERIA:

In order to qualify for this exemption, the applicant must meet at least two (2) of the following criteria:

- Receiving energy assistance subsidy;
- Receiving public assistance supplemental security income (SSI) or food stamps;
- Receiving veterans or social security disability benefits;
- Receiving the Homeowner's Property Tax Credit for same fiscal year;
- Meeting the income criteria below:

Income Eligibility Limits Effective October 1, 2023 – June 30, 2024

Household Size	Monthly Gross Income Is Less than
1	\$2,430.00
2	\$3,287.00
3	\$4,143.00
4	\$5,000.00
5	\$5,857.00
6	\$6,713.00
7	\$7,570.00
8	\$8,427.00
For each additional person, add	\$ 857.00

* Source: Maryland Department of Human Resources/Office of Home Energy Program <u>https://dhs.maryland.gov/office-of-home-energy-programs/</u>

APPLICATION PROCEDURE AND FORMS:

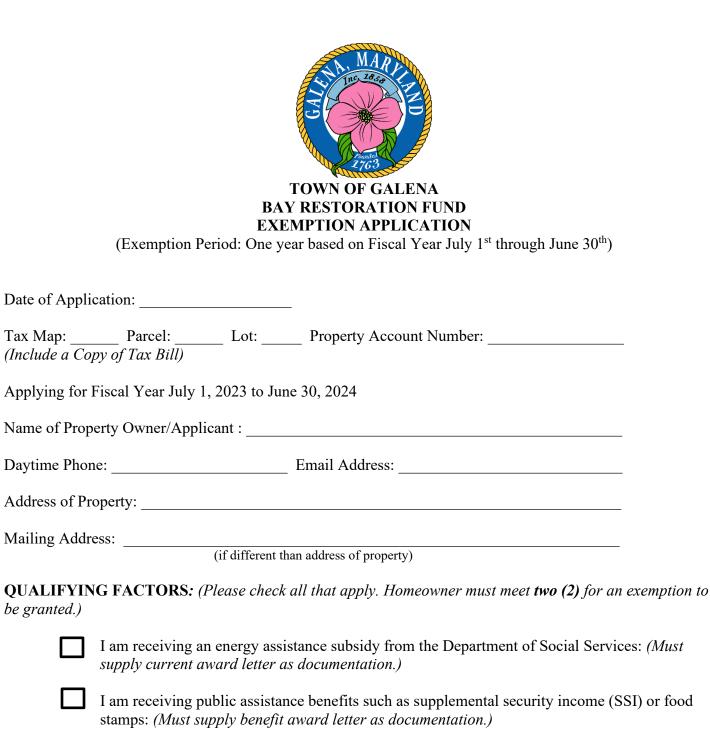
- Complete the Bay Restoration Fee hardship exempt application form.
- Check all boxes that apply. You must check at least two (2) boxes to qualify for an exemption.
- Verification of any exemption criteria (proof of assistance, proof of income, etc.) must be presented with the completed application.
- Sign and date the form and submit it with the verification document to: Town of Galena, Attn: Treasurer, 101 S. Main Street, Galena, MD 21635.
- Renewal application shall be received by August 31st of each year.

REQUIRED SUPPORTING DOCUMENTATION:

- Copy of tax bill.
- Proof the applicant is the owner and resides at the property copy of energy bill.
- Copy of other documentation of receiving one of the above benefits.

EXEMPTION TIME-PERIOD:

- Maximum of one year based on fiscal year July 1st through June 30th.
- Applicant must request exemption renewal.



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 subs, etc.

Household Size	Monthly Income is less than	Actual Income
	\$2,430.00	
\square 2	\$3,287.00	
3	\$4,143.00	
	\$5,000.00	
	\$5,857.00	
	\$6,713.00	
7	\$7,570.00	
	\$8,427.00	
additional persons	Add \$ 857.00 each	
Signature of Residential Property Owner:		Date:
Print Name:		

Note: Exemption valid for one (1) Fiscal Year which will end on June 30 of each year. Any subsequent exemptions must be reprocessed and verified by August 31st of each year. No reminder will be sent; it is up to the property owner to re-apply.

	Office Use Or	ly
Proof of benefits at	tached (2): YES or NO (circle one)
Approved:	Date approved:	Expires:
Disapproved:	Reason for disapproval:	
Reviewed by:		Approval Signature: