

2016 **Hardship Exemption Application** (Bay Restoration Fee



and Maryland Storm Water Fee)

The Baltimore City Department of Public Works, Bureau of Water and Wastewater, will review your application for Bay Restoration Fee and Maryland Storm Water Exemption. *See criteria in section "6" on reverse.

PLEASE PRINT ALL INFORMATION

Please complete the front and back of this form. Return completed form to the Bureau of Water and Wastewater, Customer

Support and Services Division, 200 H documents, stated in section 6, on the	•	•	, Maryland 2	1202, along	with the required so	upporting	
Name		Home Phone Number					
Mailing Address	Other number						
City, State, Zip							
Service Address							
(Check one) Homeo	owner	☐ Renter* (c	check only i	f you are red	quired to pay wate	er bill)	
2. If you answer yes to any of these qu	estions, please list t	he type of assista	ance you are	receiving:	1 1	· · · · · · · · · · · · · · · · · · ·	
Do you receive any energy as Do you receive any public as		∃Yes	□ No Type:				
supplemental social security,		∃Yes	□ No	Type:			
Do you receive veterans or so	lity benefits?	□Yes □ No Type:					
Do you receive any other for assistance, i.e., relative, child	[□Yes □ No Type:					
3. Fill in each space below for ALL ho		•	t).				
FIRST and LAST NAME	BIRTH DATE M/D/YR	RELATION TO APPLICANT		Disabled (Yes or No)	List all Types of Income	30-day Gross Income	
	/ /	APPLICANT					
	/ /						
	/ /						
	/ /						
	/ /						
	/ /						



Hardship Exemption Application

(Bay Restoration Fee and Maryland Storm Water Fee)



4. The applicant must sign this application before it can be processed.

I declare that the information provided to the Department of Public Works, Bureau of Water and Wastewater, is true, correct and complete. I understand that when this application is signed, permission is given to the Department of Public Works, Bureau of Water and Wastewater, to check all household income, bank accounts, housing expenses, insurance and any other benefits.

Maryland has a fraud law. Punishment and or loss of exemption can occur for providing knowingly false information when applying for assistance to pay water utility cost.

* Ine Harasnij	Exemption is on	ny good for one year. Applicant	is must i	re-apply and be re-approved for this exemption	each year.			
Duint No.				Anniliana (Canada	D :			
Print Name				Applicant's Signature	Date			
5. OFFICE USE	ONLY:							
Received/Date (m	m/dd/yyyy)	Approved/Date (mm	/dd/yyy	yy) Denied/Date (mm/dd/yyyy)				
/ /								
Certifier Signature	- (Rureau of Wat	er and Wastewater's Custome	er Sunn	oort and Services Division Staff):				
Certifier Signature	(Dureau or wat	er and wastewater's Custome	ci Supp	of taild services Division Stair).				
			Contiforations					
Comments:			Certifier Signature					
			4*					
6. Hardship Exemption Criteria								
Applicant must n	neet at least two	of the following conditions:	Requ	uired supporting documents for eligibility d	letermination:			
 (A) Receiving energy assistance subsidy (B) Receiving public assistance - Supplemental Security Income (SSI) or food stamps, and medical assistance (C) Receiving veterans, social security or social security disability benefits. (D) Meeting the gross income critera below: 		(B) Y (C) Y (D) H	Verification of energy assistance. Verification of medical assistance, food stamps, obtained assistance program, SSI. Verification of eligibility for social security, vetes security disability benefits. Proof of household gross income received annual	erans/social				
Househol	d Size	(2015 - 2016)* Monthly Income is less than:	i	prior to the date of application. Acceptable documents include but not limited to pay stub, 1099, and pension state income tax or letter from social security.				
1		\$1,717	In	addition to the above decommentation all	annliaanta			
2		\$2,324	1 ¹¹	In addition to the above documentation, <u>all</u> applicants must also provide the following:				
3		\$2,930		_				
4		\$3,537		Proof of identification and proof of residency				
5 6		\$4,144 \$4,750		Copy of landlord/tenant lease agreement indi enant responsibility for water/sewer charges	-			
Additional	Persons	Add \$607 each		enant responsibility for water/sewer charges Copy of most recent water/sewer bill.	•			
Additional	1 61 20112	Auu poo/ each	1	copy of most recent water/sewer our.				

*Source: Maryland Department of Human Resources/Office of Home Energy Programs (www.dhr.state.md.us/meap/index.htm)