

BAY RESTORATION FUND
RESIDENTIAL EXEMPTION REQUEST FORM
LAVALE SANITARY COMMISSION

Residents must **FIRST** meet the **Income Eligibility Standards** as outlined below:

*Effective July 1, 2017 – June 30, 2018**

<u>Household Size</u>	<u>Monthly Gross Income is less than</u>
1	\$1,759.00
2	\$2,368.00
3	\$2,978.00
4	\$3,588.00
5	\$4,197.00
6	\$4,807.00
7	\$5,416.00
8	\$6,026.00
Additional persons	Add \$701each

AND

Then meet at least **one** (1) of the following conditions - Check all boxes that apply

- Receiving energy assistance subsidy
- Receiving public assistance:
 - Supplemental security income
 - Food stamps
- Receiving Veterans or Social Security Disability benefits

Residents will be required to provide proof for each item checked above (*list of information needed is on the back of this form*).

The exemption is valid for **one** (1) year only. Any subsequent exemptions must be reprocessed and verified.

PLEASE PRINT

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Account # _____ **APPROVED** **DENIED**

Approved By: _____

Date: _____

INFORMATION YOU WILL NEED TO BRING WITH YOU

- Copy of a photo identity for the applicant
- Proof of residence
- Copies of social security cards for all household members (including Children)
- Proof of ALL your household's TOTAL GROSS income for the last 30 days (from all sources of income)
- If you rent, a copy of lease or rent receipt

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