BAY RESTORATION FUND <u>RESIDENTIAL EXEMPTION REQUEST FORM</u> LAVALE SANITARY COMMISSION

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

| <i>Effective July 1, 2023 – June 30, 2024*</i> | | |
|--|-----------------------------------|--|
| 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 | |
| Additional persons | Add \$857 each | |

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 | |

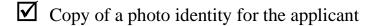
Residents will be required to provide proof for each item checked above (*list of information needed is attached to this form*).

The exemption is valid for \underline{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 # | <u>APPROVED</u> | <u>DENIED</u> |
| Approved By: | | |
| Date: | | |

INFORMATION YOU WILL NEED TO BRING WITH YOU





 \checkmark Proof of residence

- \checkmark 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)

 \checkmark If you rent, a copy of lease or rent receipt

*Source: Maryland Department of Human Resources/Office of Home Energy Programs - http://dhr.maryland.gov/office-of-home-energy-programs/how-do-you-apply/