

**Residential Application for Storm Water Utility Fee
Financial Hardship Exemption**

**Please print all information
Please complete this form and return it to the
Department of Infrastructure and Development
125 N. Division Street, Room 202, Salisbury, Maryland 21801 or fax 410-548-3107**

Name: _____ Date: _____

Mailing Address: _____ Home Phone Number: _____

City, State, Zip: _____ City Tax Account Number (if known): _____

Eligibility Requirements:

- Do you receive a credit on your property taxes issued by the Homeowners' Property Tax Credit Program?

Yes No

- Do you receive any energy assistance or subsidy?

Type: _____

- Do you receive any public assistance, i.e., supplemental social security, food stamps?

Type: _____

- Do you receive veterans or social security disability benefits?

Type: _____

I, the undersigned, do hereby declare under the penalties of perjury that the information provided on this application is, to the best of my knowledge and belief, true, correct, and complete.

Applicants Signature _____

Date _____

Date Reviewed: _____	By: _____
Approved: _____	Denied/Reason: _____
Tax Billing Effective: July 1, _____ to June 30, _____	_____