



## 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 Public Works**  
**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: \_\_\_\_\_

Approved: \_\_\_\_\_

Tax Billing Effective: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

By: \_\_\_\_\_

Denied/Reason: \_\_\_\_\_