BAY RESTORATION FUND RESIDENTIAL EXEMPTION REQUEST FORM LAVALE SANITARY COMMISSION

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

Date:

	Effective July 1. 2	2020 – June 30, 2021*	k	
		Monthly Gross Inco		
1			51.00	
2		\$2,5	15.00	
3			58.00	
4			21.00	
5			75.00	
6			28.00	
7			81.00	
			35.00	
Additional persons		Add	\$654 each	
		AND		
Then meet at least one (1)	of the following cond	litions - Check all box	xes that apply	
 Receiving energy assistance subsidy 				
Receiving public assistance:			_	
• Receiving public	assistance:			
Supplemental security income			П	
Food stamps				
• Receiving Veterans or Social Security Disability benefits				
Residents will be required attached to this form).	to provide proof for e	ach item checked abo	ve (list of infor	mation needed is
The exemption is valid for verified.	one (1) year only. A	ny subsequent exemp	otions must be a	reprocessed and
PLEASE PRINT				
Name:				
Mailing Address:				
City, State, Zip:				
Phone Number:				
Date:				
Signature:				
FOR OFFICE USE ONLY		_		_
Account # APPROVED		APPROVED		<u>DENIED</u> □
Approved By:				

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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 — http://dhr.maryland.gov/office-of-home-energy-programs/how-do-you-apply/