

**BAY RESTORATION FUND**  
**RESIDENTIAL EXEMPTION REQUEST FORM**  
**LAVALLE SANITARY COMMISSION**

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

*Effective July 1, 2025 – June 30, 2026\**

<u>Household Size</u>	<u>Monthly Gross Income is less than</u>
1	\$ 2,608.00
	\$ 3,525.00
	\$ 4,441.00
2	\$ 5,358.00
3	\$ 6,275.00
4	\$ 7,191.00
5	\$ 8,101.00
6	\$ 9,025.00
7	\$ 9,942.00
8	\$10,859.00

11+ Contact your Local OHEP Office

**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 **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 – <http://dhr.maryland.gov/office-of-home-energy-programs/how-do-you-apply/>