

TOWN OF DENTON
BAY RESTORATION FUND EXEMPTION PROCEDURE

The Town of Denton has established a program to exempt certain owner-occupied residential properties from the Bay Restoration Fee based on substantial financial hardship. To qualify for this exemption, the applicant must meet at least **(2) two** of the following criteria:

PROPOSED FINANCIAL HARDSHIP EXEMPTION CRITERIA:

Factors to be considered for exemption are the following:

- Receiving energy assistance subsidy.
- Receiving public assistance – supplemental security income (SSI) or SNAP (Supplemental Nutrition Assistance Program)
- Receiving veterans or social security disability benefits.
- Meeting the income criteria below:

• Must supply proof of household's gross income received in the 30 days prior to the date you sign this application – bank statements, pay subs, etc.

Income Eligibility Limits*
Effective July 1, 2025– June 30, 2026

Household Size Monthly Income
Is Less than

1	\$2,608
2	\$3,525
3	\$4,441
4	\$5,358
5	\$6,275
6	\$7,191
7	\$8,108
8	\$9,025
9	\$9,942
10	\$10,859

Income limits established by the Maryland Department of Human Resources/Office of Home Energy Programs www.dhs.maryland.gov/office-of-home-energy-programs/how-do-you-apply.

Applications can be found on the Town of Denton website at www.dentonmaryland.com or call the office at 410-479-2050 and ask for Joanna Reedy in Finance.

APPLICATION PROCEDURE AND FORMS:

- Complete the Bay Restoration Fee hardship exempt application form.
- Check all boxes that apply. You must check at least two (2) boxes to qualify for an exemption.
- Verification of any exemption criteria (proof of assistance, proof of income, etc.) must be presented with the completed application.
- Sign and date the form and submit it with the verification document to Town of Denton, Attn: Clerk-Treasurer, 4 N. Second St., Denton, MD 21629.
- Renewal applications shall be received by May 30th of each year.

SUPPORTING DOCUMENTATION REQUIRED:

- Copy of tax bill.
- Proof the applicant is the owner and resides at the property – copy of energy bill.
- Copy of other documentation about receiving one of the above benefits.

EXEMPTION TIME-PERIOD:

- Maximum of one year based on fiscal year July 1st through June 30th.
- Applicants must request exemption renewal.



**TOWN OF DENTON
BAY RESTORATION FUND
EXEMPTION APPLICATION**

(Exemption Period: One year based on Fiscal Year July 1st through June 30th)

Date of Application: _____

Tax Map: _____ Parcel: _____ Lot: _____ Property Account Number: _____
(Include a Copy of Tax Bill)

Applying for Fiscal Year July 1, 2026, to June 30, 2027

Name of Property Owner/Applicant: _____

Daytime Phone: _____ Email Address: _____

Address of Property: _____

Mailing Address: _____

(If different from address of property)

QUALIFYING FACTORS: *(Please check all that apply. Homeowners must meet **two (2)** apply for an exemption to be granted.)*

- I am receiving an energy assistance subsidy from the Department of Social Services: *(Must supply current award letter as documentation.)*
- I am receiving public assistance benefits such as supplemental security income (SSI) or SNAP (Supplemental Nutrition Assistance Program): *(Must supply benefit award letter as documentation.)*
- I am receiving veterans or social security disability benefits. *(Must supply benefit award letter as documentation.)*
- I meet the household income criteria listed on the following page. *(Must supply a copy of the tax return you filed for the prior calendar year.) Please check the number of individuals in your household and fill in your actual household income.*

Must supply proof of household's gross income received in the 30 days prior to the date you sign this application – bank statements, pay subs, etc.

Income Eligibility Limits*

Household Size *Monthly Income* *Is Less than*

1	\$2,608	_____
2	\$3,525	_____
3	\$4,441	_____
4	\$5,358	_____
5	\$6,275	_____
6	\$7,191	_____
7	\$8,108	_____
8	\$9,025	_____
9	\$9,942	_____
10	\$10,859	_____

11+ Contact Your Local OHEP Office

Signature of Residential
Property Owner:

Date:

Print Name: _____

Note: Exemption valid for one (1) Fiscal Year, which will end on June 30 of each year. Any subsequent exemptions must be reprocessed and verified by May 30 of each year. No reminder will be sent; it is up to the property owner to re-apply.

Office Use Only

State Homeowner Credit: State Homestead Credit

Owner occupied _____ State Homeowner Credit. _____
Proof of benefits attached (2): YES or NO (circle one)

Proof of benefits attached (2). YES or NO (circle one) Receives Homeowner Credit:

Approved: _____ Expires: _____ UB Acct # _____

Approved: _____ Expires: _____ SCD Acct#: _____

Reviewed by: _____ Approval Signature: _____