**RESIDENTIAL BAY RESTORATION FUND (BRF) FEE**

**EXEMPTION PROGRAM APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Click here to enter text. | | Account Number: Click here to enter text. | |
| Address: Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | | Zip Code: Click here to enter text. |
| Home Phone: Click here to enter text. | | Cell Phone: Click here to enter text. | |
| Email Address: Click here to enter text. | | | |

I have been accepted into the State Office of Home Energy Programs (OHEP); therefore, I meet the income criteria and am exempt from paying the Bay Restoration Fee. Confirmation documentation was transferred from OHEP to WSSC.

As a non-OHEP participant, I meet two of the following four criteria (please check two) for exemption from the Bay Restoration Fee, and have included the required documentation with my completed and signed application:

1) WSSC Water Fund assistance within the last 12 months. Confirmation on official letterhead required.

2) Receipt of public assistance or food stamps within the last 12 months. Confirmation on official letterhead required.

3) Receipt of Veteran’s or Social Security disability benefits within the last 12 months. Confirmation on official letterhead required.

4) Meet the income criteria below. Current year’s tax return required.

**Income Eligibility Limits**

**Effective July 1, 2024 to June 30, 2025**

**Based on 175% of the Federal Poverty Level**

|  |  |  |
| --- | --- | --- |
| Household Size | Maximum Gross Monthly Income Standards | Maximum Gross Yearly Income Standards |
| 1 | $2,196 | $26,355 |
| 2 | $2,980 | $35,770 |
| 3 | $3,765 | $45,185 |
| 4 | $4,550 | $54,600 |
| 5 | $5,334 | $64,015 |
| 6 | $6,119 | $73,490 |
| **For each Additional Person, Add** | $784 | $8,995 |

I understand that, if approved, this exemption will apply to the property in which I am living, as identified on this application, and will be **valid until June 30, 2025**.

By selecting this box, I am submitting this form with my electronic signature:

Signed Name (if printing):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**For Official Use Only** Exemption Approved: Exemption Not Approved:

By: Date: Click here to enter a date.