**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.