



TOWN OF LA PLATA
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 Ending July 1, 20 _____ to June 30, 20 ____

Name of Property Owner/Applicant: _____

Daytime Phone: _____ Email Address: _____

Address of Property: _____

Mailing Address: _____
(if different than address of property)

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

- 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 food stamps. (Must supply benefit award letter as documentation)
- I am receiving veterans or social security disability benefits.
(Must supply benefit award letter as documentation)
- I have applied for and received the Homeowner's Property Tax Credit for the same Fiscal Year. (Must supply verification)
- I meet the household income criteria listed on the following page.

Household Income Criteria

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 stubs, etc.

	<i>Household Size</i>	<i>Maximum Monthly Income</i>	<i>Maximum Yearly Income</i>	<i>Actual Income Monthly/ Annual</i>
<input type="checkbox"/>	1	\$1,628.95	\$19,547.50	_____
<input type="checkbox"/>	2	\$2,206.45	\$26,477.50	_____
<input type="checkbox"/>	3	\$2,783.95	\$33,407.50	_____
<input type="checkbox"/>	4	\$3,361.45	\$44,337.50	_____
<input type="checkbox"/>	5	\$3,938.95	\$47,267.50	_____
<input type="checkbox"/>	6	\$4,516.45	\$54,197.50	_____
—	Each additional person	\$577.50	\$6,930.00	_____

Signature of Residential Property Owner: _____ Date: _____

Print Name: _____

*Notes: Exemption valid for one (1) Fiscal Year which will end on June 30 of each year.
 Applications for subsequent exemptions must be submitted by May 30, for the upcoming year so they can be processed and verified before the start of the new year on July 1
 No annual reminders will be sent; it is up to the property owner to re-apply each year.*

Office Use Only

Proof of benefits attached (2) (circle one): YES NO

Approved: _____ Date approved: _____ Expires: _____

Disapproved: _____ Reason for disapproval: _____

Reviewed by: _____ Approval Signature: _____