



DEPARTMENT OF FINANCE

Marc Elrich
County Executive

Michael Coveyou
Director

**RESIDENTIAL BAY RESTORATION FUND (BRF) FEE EXEMPTION
PROGRAM APPLICATION**

Name:		Account #:	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	

I meet the following **two** criteria (please check two) for exemption from the Bay Restoration Fee, and have enclosed the required documentation with my completed and signed application:

- ☐ Receipt of energy assistance within the last 12 months. Confirmation on official letterhead required.
- ☐ Receipt of public assistance or food stamps within the last 12 months. Confirmation on official letterhead required.
- ☐ Receipt of Veteran's or Social Security disability benefits within the last 12 months. Confirmation on official letterhead required.
- ☐ Meet the income criteria below. Current year's tax return required.

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

Household Size	Maximum Gross Monthly Income Standards	Maximum Gross Yearly Income Standards
1	\$2,608	\$31,296
2	\$3,525	\$42,300
3	\$4,441	\$53,292
4	\$5,358	\$64,296
5	\$6,275	\$75,300
6	\$7,191	\$86,292
7	\$8,108	\$97,296
8	\$9,025	\$108,300
For Each Additional Person, Add:	\$917	\$11,004

* Gross Income is all household income before deductions by employer for taxes, Social Security, etc.

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 for 12 months** from the date of approval.

Printed Name	Signature	Date

For Official Use Only

Exemption Approved:
Exemption Not Approved:

By	Date
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Division of Treasury

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