



FREDERICK COUNTY TREASURY DEPARTMENT
30 N. MARKET STREET
FREDERICK, MD 21701
301-600-1111
TaxCredit@frederickcountymd.gov

**COUNTY AND/OR FREDERICK CITY PARTIALLY DISABLED VETERAN
PROPERTY TAX CREDIT APPLICATION**

Eligibility/requirements:

- Your federal adjusted gross income for the immediately preceding taxable year cannot exceed \$100,000.
- The property must be your legal residence and occupied by no more than 2 families.
- If you are a honorably discharged veteran and have been declared by the Department of Veteran Affairs to have a permanent service-connected disability of at least 50%, you may be eligible for the credit. If you are the surviving spouse of a deceased disabled veteran, you also may be eligible for the credit.
- Amount of Credit:
 - 50% of the net County and/or Frederick City property tax imposed on the dwelling house if the disabled veteran's service-connected disability rating is 100% non-permanent; or
 - 50% of the net County and/or Frederick City property tax imposed on the dwelling house if the disabled veteran's service-connected disability rating is at least 75% but not more than 99%; or
 - 25% of the net County and/or Frederick City property tax imposed on the dwelling house if the disabled veteran's service-connected disability rating is at least 50% but not more than 74%.
- **You must submit a yearly application by October 1.** This application is for the County credit and also applies to the Frederick City credit if you reside within City limits. There is no need for a separate Frederick City application.

TO BE COMPLETED BY HOMEOWNER/APPLICANT: **Please select if you're a returning applicant**

Date of Application: _____ Parcel ID: (i.e. (05-123456) _____

Owner/Applicant's Name: _____

Property Address: _____

Street

City

State

Zip Code

Phone Number: _____ Email Address: _____

Please complete/initial the following:

The attached/current dated Veterans Affairs Benefit Letter reflects a _____ % disability rating

My federal adjusted gross income was \$100,000 or less during the preceding calendar year Initial: _____

I own the above property, it's my legal residence, and isn't occupied by more than two families Initial: _____

I or my spouse was honorably discharged or released under honorable circumstances from active military, naval, or air service as defined in 38 U.S.C. § 101 and was declared by the Veterans Administration to have a permanent service-connected disability of at least 50% or 100% non- permanent service-connected disability as required by §9-265 of the Tax – Property Article of the Maryland Annotated Code. Initial: _____

REQUIRED DOCUMENTATION:

- ____ Copy of valid Maryland Issued Government Identification Card (i.e. Maryland Driver's License) with current address.
- ____ Copy of current Veterans Affairs Award Letter for Disability. (dated within 6 months of the application)
- ____ Copy of Federal Income Tax Return for preceding calendar year. (please exclude social security and bank account numbers)

Please complete the following sources of income chart, if either statement below is applicable:

-A joint return is filed and the federal adjusted gross income exceeds \$100,000. (Additional documents may be requested).

-You don't file a federal tax return. Please attach (i.e. SSA-1099/Social Security, W2 for other compensation, etc.)

<u>Sources of Income</u>	<u>Applicant</u>	<u>Spouse or Resident Co-Owner</u>
1. Wages, Salary, Tips, Bonuses, Commissions, Fees		
2. Interest		
3. Dividends		
4. IRAs		
5. Pensions and Annuities		
6. Social Security (Attach copy of current SSA-1099); SSI Benefits (Circle which)		
7. Capital Gains (includes non-taxed gains)		
8. Taxable refunds, credits or offsets of state and local income tax		
9. Alimony, Support Money, Public Assistance Grants (Circle which)		
10. Business Income (Net)		
11. Rental Income (Net)		
12. Farm income		
13. Unemployment Insurance, Worker's Compensation (Circle which)		
14. Gambling/ Gifts, Expenses Paid by Others, Inheritances (Circle which)		
15. Foreign earned income		
16. Jury duty, prizes awards		
17. Stock options		
18. All other income (indicate source)		
TOTAL INCOME		

I, under penalty of perjury, hereby certify that the information provided in this application, to the best of my knowledge and belief, is true, correct and complete. I understand that misinformation or refusal to disclose information which is essential for a determination of eligibility is a basis for disapproval of my application. Also, I hereby authorize the Frederick County Department of Treasury to verify/obtain any information and documentation which will assist in determining my eligibility for assistance. I further acknowledge that a new application will be required every year, due by October 1, to determine eligibility for the tax credit.

Signature of Applicant

DO NOT WRITE BELOW – TREASURY USE ONLY

Approved/Initials: _____ Disapproved/Initials: _____ Disapproved/Reason: _____