



**FREDERICK COUNTY TREASURY DEPARTMENT
30 N. MARKET STREET
FREDERICK, MD 21701**

**APPLICATION FOR PARTIALLY DISABLED VETERAN PROPERTY TAX CREDIT
Due Date: April 1 before the tax year that begins July 1**

Eligibility/requirements:

- Your federal adjusted gross income for the immediately preceding taxable year cannot exceed \$100,000.
- The property must be your legal residence.
- 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 for up to five years after the death of the eligible disabled veteran.
- Amount of Credit:
 - 50% of the net County 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 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 an application each year by April 1 to receive this property tax credit.**

SECTION 1: TO BE COMPLETED BY HOMEOWNER/APPLICANT:

Date of Application _____ Property Tax Account Number _____

Owner/Applicant's Name _____

Property Address _____

Phone Number _____ Email Address _____

Please complete the following:

- I was honorably discharged or released under honorable circumstances (conditions) from active military, naval, or air service as defined in 38 U.S.C. § 101 and have been declared by the Veterans Administration to have a permanent service-connected disability of at least 50% as required by §9-265 of the Tax – Property Article of the Maryland Annotated Code. Yes No
- I have _____ % of disability per my current Department of Veterans Affairs Award Letter.
- My federal adjusted gross income was \$100,000 or less during the preceding calendar year. Yes No
- I own the above property, it is my legal residence, and it is not occupied by more than two families. Yes No
- Copy of current Department of Veterans Affairs Award Letter for Disability.
- Copy of Valid Maryland Issued Government Identification Card (such as a Maryland Driver's License) with current address.
- Copy of the discharge certificate from active military, naval, or air service (such as DD Form 214) showing veteran was honorably discharged or released under honorable circumstances (conditions).
- Copy of Federal Income Tax Return for preceding calendar year (Note – If a joint return is filed and the federal adjusted gross income exceeds \$100,000, additional documentation must be provided to substantiate any income not belonging to the disabled veteran).

Please continue and complete page 2 of this application.

SECTION 2: TO BE COMPLETED BY APPLICANT:

Sources of Income	Applicant	Spouse or Resident Co-Owner	All Others
Wages, Salary, Tips, Bonuses, Commissions, Fees			
Interest (taxable and non-taxable)			
Dividends (& nontaxable distributions)			
Capital Gains (includes non-taxed gains)			
Rental Income (Net)			
Business Income (Net)			
Room & Board			
Unemployment Insurance Worker's Compensation (Check One)			
Alimony Support Money Public Assistance Grants (Check One)			
Social Security (Attach copy of current SSA-1099) SSI Benefits (Check One)			
Railroad Retirement (Attach copy of current verification or rate letter)			
Other federal pensions (not including VA benefits) per year			
Veteran's Benefits per year			
Pensions			
Annuities			
IRAs			
Deferred Compensation (Attach a W-2 Statement)			
Gifts over \$300 Expenses Paid by Others Inheritances (Check One)			
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 on April 1, to determine eligibility for the tax credit.

Signature of Applicant

DO NOT WRITE BELOW – TREASURY USE ONLY

Date Application Received _____ by _____

Approved _____ Disapproved _____ Reason _____