

**ST. MARY'S COUNTY METROPOLITAN COMMISSION**  
**System Improvement Charge Payment Deferral/Bay Restoration Fee Exemption**  
**For**  
**Income Eligible Homeowners**

1. LAST NAME	FIRST NAME	MIDDLE INIT.	2. TELEPHONE (H)	(W) TELEPHONE	(C) TELEPHONE
3. PROPERTY ADDRESS			TOWN	COUNTY	ZIPCODE
4. MAILING ADDRESS IF DIFFERENT THEN ITEM 4. (ATTACH EXPLANATION WHY)					
5. FURNISH THE FOLLOWING FROM YOUR METCOM BILL: _____ CUSTOMER NO. _____			6. IS ITEM 3 YOUR PRINCIPAL RESIDENCE? YES _____ NO _____ HOW LONG? _____		
7. DO YOU OWN ANY OTHER DWELLING OR OTHER REAL ESTATE? (IF YES, PLEASE ATTACH LIST)			YES _____ NO _____		
8. LIST THE NAMES OF ALL RESIDENTS LIVING IN THE HOME – ATTACH ADDITIONAL SHEET IF NECESSARY.					

NAME	AGE	RELATIONSHIP
NAME	AGE	RELATIONSHIP
NAME	AGE	RELATIONSHIP
NAME	AGE	RELATIONSHIP

9. REPORT HERE THE AMOUNT OF ROOM AND BOARD, RENT OR EXPENSES PAID BY THE PERSONS LISTED IN ITEM 8 ABOVE WHO ARE NOT CO-OWNERS AND WHO CANNOT BE CLAIMED AS YOUR DEPENDENT FOR TAX PURPOSES. \$ _____ PER WEEK/MONTH. NOTE TOTAL PER YEAR IN ITEM 12 COLUMN.				
10. IS ANY PORTION OF THE PROPERTY FOR WHICH THIS APPLICATION IS BEING MADE USED FOR a) FARMING b) A COMMERCIAL BUSINESS, AND/OR c) A RENTAL PURPOSE? YES _____ NO _____ IF YES, CIRCLE WHICH AND INDICATE WHAT PERCENTAGE % _____				
11. IF YOU ARE HOLDER OF THIS PROPERTY BY LIFE ESTATE _____ CHECK HERE. THIS APPLICATION MUST BE SIGNED BY PROPERTY OWNER OF RECORD ALSO.				
12. SOURCES OF INCOME IN 20__ LIST TOTAL GROSS INCOME FROM ALL SOURCES WHETHER INCLUDED FOR STATE AND FEDERAL RETURNS OR NOT.	(1) APPLICANT	(2) SPOUSE OR RESIDENT CO-OWNER	(3) ALL OTHERS	OFFICE USE ONLY
WAGES, SALARY, TIPS, BONUSES, COMP. FEES				
INTEREST (TAXABLE & NON-TAXABLE)				
DIVIDENDS (INCL. NON-TAXABLE DISTRIBUTIONS)				
CAPITAL GAINS (INCL. NON-TAXABLE GAINS)				
RENTAL PROFITS (NET)				
BUSINESS PROFITS (NET)				
ROOM & BOARD (SEE ITEM 10 ABOVE)				
UNEMPLOYMENT INSURANCE/WORKMAN'S COMP.				
ALIMONY/SUPPORT MONEY/PUBLIC ASSISTANCE				
SOCIAL SECURITY (ATTACH COPY OF FORM 55A-1099)				
SSI BENEFITS				
RAILROAD RETIREMENT (ATTACH COPY FORM RRB-1099)				
OTHER FEDERAL PENSIONS (NOT VA) PER YEAR				
VETERANS BENEFITS PER YEAR				
OTHER PENSIONS & ANNUITIES PER YEAR				
DEFERRED COMPENSATION (ATTACH W-2)				
GIFTS OVER \$300; EXPENSES PAID BY OTHERS; INHERITANCES (CIRCLE ONE)				
<b>TOTAL INCOME 20__</b>				
13. DID OR WILL YOU AND/OR YOUR SPOUSE FILE A FEDERAL INCOME TAX RETURN FOR LAST YEAR? YES _____ NO _____ IF YOU OR YOUR SPOUSE FILE A JOINT OR SEPARATE RETURN, A COPY OF EACH RETURN WITH ALL ACCOMPANYNG SCHEDULES MUST BE SUBMITTED WITH THIS APPLICATION.				
14. I DECLARE UNDER THE PENALTIES OF PERJURY, THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING FORMS AND STATEMENTS) HAS BEEN EXAMINED BY ME AND THE INFORMATION CONTAINED HEREIN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT, AND COMPLETE; THAT I HAVE REPORTED ALL MONIES RECEIVED; THAT I HAVE A LEGAL INTEREST IN THIS PROPERTY; THAT THIS DWELLING IS MY PRINCIPAL RESIDENCE FOR THE PRESCRIBED PERIOD AND THAT MY NET WORTH IS LESS THAN \$200,000 EXCLUDING THE VALUE OF THE SUBJECT DWELLING, FURTHER, I HEREBY AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE TO THE METROPOLITAN COMMISSION TREASURER ANY AND ALL INFORMATION CONCERNING THE BENEFITS RECEIVED.				

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
SPOUSE OR RESIDENT CO-OWNER'S SIGNATURE

IN CASE OF LIFE ESTATE NAME OF OWNER OTHER THAN TAXPAYER