


Bay Restoration Fund (BRF)  
Proposed program for exempting certain residential users from paying the  
BRF fee because of substantial financial hardship

Proposed financial hardship exemption criteria	Documentation of approval of State Energy Assistance from Office of Home Energy Program (OHEP) for the current fiscal year; OR documentation of two of three criteria below must be provided to qualify for an exemption. <ol style="list-style-type: none"> <li>1. Receipt of public assistance or food stamps within the last 12 months.</li> <li>2. Receipt of Veteran's or Social Security Disability Benefits within the last 12 months.</li> <li>3. Meet minimum income criteria established by OHEP and demonstrated by a current year's tax return or an executed income certification.</li> </ol>
Application procedure and forms (please attach forms)	<ul style="list-style-type: none"> <li>• Under a new State approved City of Bowie customer assistance program, low-income eligibility will be primarily based upon approval into the State OHEP, and identification of a corresponding City of Bowie residential account.</li> <li>• Approval under the City of Bowie Customer Assistance Program will automatically satisfy two of the MDE criteria; OHEP and minimum income.</li> <li>• Application form for direct assistance in lieu of OHEP participation is attached.</li> </ul>
Required supporting documentation for eligibility determination	See attached application and income certification.
Exemption time period and process for re-verification of eligibility	Exemption will be granted for the City of Bowie fiscal year (July 1 – June 30). Residents must re-apply each fiscal year beginning July 1 to verify continued eligibility.
Estimated number of residential users that may qualify for exemption.	It is anticipated that 100 residential users could qualify for the exemption.
Name/Signature of Authorized Official	<hr/> Signature  Alfred D. Lott, City Manager

CITY OF BOWIE  
RESIDENTIAL BAY RESTORATION FUND (BRF) FEE  
EXEMPTION PROGRAM APPLICATION

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I have been accepted into the State Office of Home Energy Program (OHEP); therefore, I meet the income criteria and am exempt from paying the Bay Restoration Fee. Confirmation documentation was transferred from the OHEP to the City of Bowie.

As a non- OHEP participant, I meet two of the following three criteria (please check two) for exemption from the Bay Restoration Fee, and have included the required documentation with my completed and signed application:

1. Receipt of public assistance or food stamps within the last 12 months. Confirmation on official letterhead required.

2. Receipt of Veteran’s or Social Security Disability Benefits within the last 12 months. Confirmation on official letterhead required.

3. Meet the income criteria below. Current year’s tax return required.

Income Eligibility Limits/Established by the Maryland Department of Human Resources/Office of Home Energy Program

Effective July 1, 2022 to June 30, 2023

Household Size	Maximum Gross Monthly Income Standards
1	\$1,982
2	\$2,670
3	\$3,359
4	\$4,047
5	\$4,735
6	\$5,424
7	\$6,112
8	\$6,800
For each additional person add	\$688

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 until June 30, \_\_\_\_\_.

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

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For Official Use Only

Exemption Approved: \_\_\_\_\_

Exemption Not Approved: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF BOWIE RESIDENTIAL BAY FEE EXEMPTION PROGRAM  
 CERTIFICATION OF HOUSEHOLD INCOME (CRITERIA NO. 3)

I, (print full name) \_\_\_\_\_, am the owner/tenant (circle one)  
 at \_\_\_\_\_ (property address), which is City of Bowie Account #  
 \_\_\_\_\_.

There are (number of occupants) \_\_\_\_ people residing at this property.

Occupant's Name	Age	Source of Income*	Gross**Monthly Income
			\$
			\$
			\$
			\$
			\$
		Total Monthly Household Income	

\*Source of income may include employment income, social security/veterans'/disability or other government assistance programs.

\*\*Gross income is income from employment before deductions by the employer for taxes, social security, etc.

Documentation required: Please attach documentation (tax returns, pay stubs, government benefits statement, etc.) to support all income listed above.

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INCOME INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN THIS CERTIFICATION TO THE CITY OF BOWIE DEPARTMENT OF FINANCE, 15901 Fred Robinson Way, Bowie, Maryland 20716.