



410-222-1122
Hearing/Speech Impaired 711

**PUBLIC SAFETY OFFICER
PROPERTY TAX CREDIT APPLICATION**

To be completed by applicant(s)

Please type or print using ink only

IMPORTANT! This application must be received on or before April 1st, 2018 to be considered for the taxable year beginning July 1, 2018. Please read County Code § 4-2-312, which is the basis in determining whether the qualifications are fulfilled in order to receive the tax credit.

Date Application Filed: _____

Name(s) of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone #: _____ Secondary Telephone #: _____

Email Address: _____

Property Tax Account Number: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Please check eligibility for the County property tax credit (only one):

- I am currently employed as a full-time firefighter with Anne Arundel County and I have completed one or more years of full-time employment with Anne Arundel County as a firefighter.
- I am currently employed as a full-time emergency medical technician with Anne Arundel County and I have completed one or more years of full-time employment with Anne Arundel County as an emergency medical technician.
- I am currently employed as a full-time correctional officer with Anne Arundel County and I have completed one or more years of full-time employment with Anne Arundel County as a correctional officer.
- I am currently a full-time police officer with Anne Arundel County and I have completed one or more years of full-time employment with Anne Arundel County as a police officer.
- I am currently a full-time deputy sheriff with Anne Arundel County and I have completed one or more years of full-time employment with Anne Arundel County as a deputy sheriff.
- I am an Anne Arundel County volunteer member and I have earned at least 50 service points for the preceding calendar year. My assigned Fire Company is _____.
My date of birth is _____.

I own the property to which the credit will be applied, it is used as my principal residence and I actually occupy the property for more than 6 months of a 12-month period: Yes No

Do you receive any other optional property tax credits for the property (e.g., solar energy property tax credit, stormwater management and erosion control property tax credit, etc.): Yes No

I, the applicant, hereby certify that I have read County Code § 4-2-312 and that I am entitled to the tax credit for the residential property described above. I understand that this is a tax credit from County real property taxes and the amount of the tax credit is the lesser of \$2,500 or the total County tax due on the dwelling.

I understand that this tax credit is available for a period of one taxable year and may be renewed upon application for four additional taxable years. I understand I must re-apply each year for the tax credit to be applicable. I may be assessed an administrative fee of 1% of the total tax credit for administration of the credit for the duration of the credit.

I understand that this application must be filed on or before April 1st immediately before the taxable year for which the credit is sought. I further understand that if the application is filed after April 1st, the application shall be treated as an application for a tax credit for the next succeeding taxable year.

I understand that the tax credit shall terminate after receiving the tax credit for five taxable years, for no longer being employed as a public safety officer with Anne Arundel County for a reason other than a service related disability or no longer meeting the eligibility requirement for a volunteer member, or no longer residing in or owning the dwelling for which the tax credit was granted.

I declare under penalties of perjury provided for by the Tax – Property Article of the Annotated Code of Maryland, § 1-201, that all information above is true, correct, and complete to the best of my knowledge and belief. I give Anne Arundel County Government and the State Department of Assessments and Taxation permission to take whatever action is necessary to verify my eligibility for the tax credit.

Applicant:

Signature

Date

Return this application to:

Anne Arundel County, Maryland
Office of Finance
Attn: Financial Operations Supervisor, Tax Department
PO Box 427
Annapolis, MD 21404-0427

For questions call:

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