**CECIL COUNTY GOVERNMENT**

**SENIOR CITIZEN AND MILTARY RETIREE PROPERTY TAX CREDIT APPLICATION**

**Tax Year Beginning July 1, 2020 Application Period July 1, 2020 thru September 1, 2020**

**Property Number (located on tax bill) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you at least 65 years of age as of June 30, 2020?**

**\_\_\_\_\_YES (Please provide a copy of your valid driver’s license or state issued identification.)**

**\_\_\_\_\_NO (You are NOT ELIGIBLE to receive this credit.)**

**Do you own the property listed above and is the assessed value of the property $400,000 or less?**

**\_\_\_\_\_YES (Please proceed to the next question.)**

**\_\_\_\_\_NO (You are NOT ELIGIBLE to receive this credit.)**

**Is your taxable income less than $84,000?**

**\_\_\_\_\_YES (Please provide a copy of your 2019 Federal Income Tax return.)**

**\_\_\_\_\_NO (You are NOT ELIGIBLE to receive this credit.)**

**Have you either:**

**LIVED at the property listed above for at least 40 years as of June 30, 2020? \_\_\_\_\_YES \_\_\_\_\_NO**

**OR**

**RETIRED from the U.S. Uniformed Service? \_\_\_\_\_YES \_\_\_\_\_NO**

**(If yes, please provide a copy of your DD form 2 or DD214 showing separation due to retirement.)**

**Have you or do you intend on applying for the Maryland Homeowners tax credit for this year? \_\_\_\_\_YES \_\_\_\_\_NO**

I hereby declare and affirm, under penalty of perjury that the information stated above, including all associated documents provided in support of this application for a tax credit are true, accurate, complete and correct, to the best knowledge, information and belief, that this dwelling will be my principal residence for the prescribed period. I understand that the County may request additional information to verify the statements reported on this form.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail your application and required documentation to:

**CECIL COUNTY DEPARTMENT OF FINANCE**

**200 CHESAPEAKE BLVD, SUITE 1100**

**ATTN: SENIOR TAX CREDIT**

**ELKTON, MD 21921**

For Cecil County Finance Use Only

Credit Approved for Year \_\_\_ of five (5) Approval Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_