



VOLUNTEER FIRE DEPARTMENT MEMBER - PROPERTY TAX CREDIT APPLICATION

To be completed by the VFD Member (Homeowner)

Please type or print using ink only

IMPORTANT! This application must be received by April 1

Date: _____ District #: _____ Account #: _____
(District & Account # found on SDAT)

Applicant Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I am a Queen Anne's County volunteer fire department member, have maintained active service for the preceding year, and I have served as a volunteer member for at least 3 continuous years:

YES: _____ NO: _____

I own the property to which the credit will be applied, it is used as my principal residence and I occupy the property for more than 6 months of a 12-month period:

YES: _____ NO: _____

I hereby certify that I have read section 5-10.7 of the Code of Public Local Laws of Queen Anne's County and that I am eligible for the tax credit for the residential property described above. I understand that this is a tax credit that can be received against the County property tax.

The tax credit may be granted in an amount up to \$1,500, but not to exceed the amount of tax due on the property.

I understand that this tax credit is available for a period of one taxable year and must be renewed. I understand I must re-apply each year for the tax credit to be applicable.

I understand that if my tax assessment changes for any reason, the amount of the tax credit may be adjusted accordingly.

I understand that the tax credit shall be terminate for no longer meeting the eligibility requirement for a volunteer fire department member, or no longer residing in or owning the dwelling for which the tax credit was granted.

I declare that all information above is true, correct, and complete to the best of my knowledge and belief.

I give Queen Anne's County Fire & EMS Commission, Queen Anne's 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

**Submit completed application packet to your VFD President by April 1
President will submit all applications to FEC Chairman at April FEC meeting**