



DEPARTMENT OF FINANCE

Marc Elrich
County Executive

Michael Coveyou
Director

RESIDENTIAL BAY RESTORATION FUND (BRF) FEE EXEMPTION
PROGRAM APPLICATION

Name: Account #: Address: City: State: Zip: Home Phone: Work Phone: Cell Phone: Email:

I meet the following two criteria (please check two) for exemption from the Bay Restoration Fee, and have enclosed the required documentation with my completed and signed application:

- 1 [] Receipt of energy assistance within the last 12 months. Confirmation on official letterhead required.
2 [] Receipt of public assistance or food stamps within the last 12 months. Confirmation on official letterhead required.
3 [] Receipt of Veteran's or Social Security disability benefits within the last 12 months. Confirmation on official letterhead required.
4 [] Meet the income criteria below. Current year's tax return required.

Income Eligibility Limits
Effective July 1, 2025 to June 30, 2026

Table with 3 columns: Household Size, Maximum Gross Monthly Income Standards, Maximum Gross Yearly Income Standards. Rows for household sizes 1-8 and an additional person add-on.

* Gross Income is all household income before deductions by employer for taxes, Social Security, etc.

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 for 12 months from the date of approval.

Printed Name Signature Date

For Official Use Only

Exemption Approved:
Exemption Not Approved:

By Date

Division of Treasury

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