

APPLICATION FOR ASSESSMENT EXEMPTION FOR AN IMPROVEMENT
REQUIRED FOR THE HEALTH OR MEDICAL CONDITION OF A RESIDENT

NOTE: Tax Property Article Section 8-233 provides that an improvement to a building required for the health or medical condition of the resident of the building may be assessed for tax purposes. The exemption under this section may not exceed 10% of the total assessment of the real property on which the building is located. To determine your eligibility for the exemption, please complete this application and forward to the local Assessment Office where the property is located.

Last Name First Name MI Date of Birth

Permanent Address:

Street and Number Social Security Number

City/County State Zip Code

Description of Improvement Required for Health or Medical Condition:

Nature of Health or Medical Condition for which Improvement was added:

Medical history and physical examination (symptoms and signs which diagnosis and severity of health or medical condition):

Characteristics of health or medical condition:

Permanent Temporary Expected Duration (Months, Years)

Property Owner's Signature Date Applicant's Signature Date

I attest that the improvement described above is required for the health or medical condition of the above mentioned applicant.

Physician's Signature Date

Address Phone

This form seeks information for the purpose of an assessment exemption for an improvement required for the health or medical condition of a resident on the indicated property. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you do have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax

Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

FOR OFFICE USE

Tax Year _____

1) Total Full Cash Value _____

County Code _____

2) **Deductible Improvements** **Value**

A. _____ (_____)

B. _____ (_____)

Account No.

C. _____ (_____)

D. _____ (_____)

Owner's Name

3) Total Deductible Improvements _____

4) Total Deduction above or 10% of line 1,
whichever is less . _____

5) Adjusted Full Cash Value
(less line 4) _____

APPROVED:

SUPERVISOR OF ASSESSMENTS

DATE

COUNTY