

PLEASE ANSWER THE FOLLOWING PREQUALIFICATION QUESTIONS:

1. Do any of the following currently apply to you? YES NO

If YES, check all that apply:

- You are on your county's tax sale list.
- Your lien was sold in your county's recent tax sale.
- You are in tax sale foreclosure.

2. Do you currently owe your county \$7,000 or less? YES NO Amount owed: \$ _____

3. Was your 2022 combined household income \$60,000 or less? YES NO Amount: \$ _____

4. Is the assessed value of your home \$300,000 or less? YES NO Assessment: \$ _____

Your home's assessment amount is on your Tax Bill, Assessment Notice, and available through SDAT's Real Property Database: <https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx>

5. Is the total value of your assets, not including your principal residence, \$200,000 or less?

YES NO Assets value: \$ _____

Assets include but are not limited to other real property, investment/ retirement accounts, and/ or bank accounts.

If you answered YES to all the questions above:

How much are your total expenses each month? Monthly expenses: \$ _____

How much could you afford to pay each month for a loan payment? Affordable payment: \$ _____

CONTINUE TO THE NEXT PAGE

If you answered NO to any questions above:

Please contact the State Tax Sale Ombudsman's Office for additional assistance:

email: sdat.taxsale@maryland.gov or phone: (410) 767-4994. We're here to help you!

APPLICANT DETAILS

| | | | | | |
|--|--|---------------------------|---|------------------|--------------|
| 1. Name: Last, First, Middle Initial | | 2. Social Security Number | | 3. Date of Birth | |
| 4. Mailing Address (If different from Property Address, please explain on a separate paper.) | | | 6. How many years have you been both owner and principal resident of your property? | | |
| 5. Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed If Married, Separated, Divorced, or Widowed, provide Month and Year _____ (MM/YYYY) | | | | | |
| 7. Name of Spouse or Residential Co-Owner: Last, First, Middle Initial | | 8. Social Security Number | | 9. Date of Birth | |
| 10. Property Address: House Number, Street Name – No P.O. Box | | 11. City/Town | | 12. County | 13. Zip Code |
| 14. Will you reside in the property on July 1, 2023 and for more than 6 months thereafter? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", include an explanation on a separate sheet of paper. | | | | | |
| 15. Do you own any other dwelling or other real estate in the State of Maryland or elsewhere? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", include a paper with addresses, date acquired, property account number and estimated value. | | | | | |

PROPERTY INFORMATION

| | | | | | |
|---|--|--|---|--|--|
| 16. Property Account Number (On your Tax Bill or Assessment Notice) _____ | 17. This residence is a(n): <input type="checkbox"/> Single Family <input type="checkbox"/> Land Installment Contracts <input type="checkbox"/> Multi-Family <input type="checkbox"/> Retirement Community/ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Continuing Care <input type="checkbox"/> Cooperative <input type="checkbox"/> Other _____ | | 18. Property use: <input type="checkbox"/> Residential Only Residential and <input type="checkbox"/> Business _____ % <input type="checkbox"/> Farming _____ % <input type="checkbox"/> Rental _____ % | | |
| If in Baltimore City, provide Ward, Section, Block, and Lot Number. | 19. Total number of apartments on the property, including vacant apartments: _____ | | 20. Amount of annual rent received from tenants in previous year: Gross: \$ _____ Net: \$ _____ | | |

HOUSEHOLD MEMBERS

| | |
|---|--|
| 21. Are any Household Members over eighteen (18) who are not a spouse or co-owner and who cannot be claimed as applicant's dependent for IRS purposes? <input type="checkbox"/> Yes Complete Fields 22. – 25. <input type="checkbox"/> No Move to Field 26. If more than one Household Member, include a sheet of paper with Fields 22-25 answered for each member. | |
| 22. Household Member Name: Last, First, Middle Initial | 23. Date of Birth |
| 24. Household Member Gross Income Last Year: \$ | 25. Total Contribution to Room and Board or Household Expenses last year: \$ |

2022 WAGES & INCOME

| 26. Must submit all accompanying schedules and documents with this application. Do NOT send originals. | Applicant | Spouse/ Resident Co-Owner | Household Member(s) | Office Use Only |
|---|-----------|---------------------------------|------------------------|--------------------|
| Wages, Salary, Tips, Bonuses, Commissions, Fees | \$ | \$ | \$ | \$ |
| Rental Income (Net) | \$ | \$ | \$ | \$ |
| Social Security (Include copy of 2022 Form SSA-1099) | \$ | \$ | \$ | \$ |
| S.S.I Benefits for 2022 (Include Proof) | \$ | \$ | \$ | \$ |
| Veterans Benefits per year | \$ | \$ | \$ | \$ |
| Pensions (If a rollover, include proof) | \$ | \$ | \$ | \$ |
| All other monies received last year not reported above | \$ | \$ | \$ | \$ |
| TOTAL HOUSEHOLD INCOME FOR 2022 | \$ | \$ | \$ | \$ |
| 26. Did you, and/or your spouse, file a Federal Income Tax Return for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must submit a copy of your return (and if married & filing separately, a copy of your spouse's return) with all accompanying schedules with this application. | | | | |
| 27. Are you currently receiving disability benefits from the federal Social Security Disability Insurance program or the federal Supplemental Security Income program? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, must include a copy of your current benefits statement. | | | | |

CONTINUE TO CERTIFICATION PAGE

CERTIFICATION

- I declare under the penalties of perjury, pursuant to Sec. 1-201 of the Maryland Tax-Property Code Ann., that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete, that I have reported all monies received, that I have a legal interest in this property, that this dwelling will be my principal residence for the prescribed period, and that the assessed value of my home is no more than \$300,000. I understand that the Department may request at a later date additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. Further, I hereby authorize the Social Security Administration, Comptroller of the Treasury, Internal Revenue Service, the Income Maintenance Administration, Unemployment Insurance, the State Department of Human Resources, and Credit Bureaus to release to the Department of Assessments and Taxation any and all information concerning the income or benefits received.

Applicant's Signature

Date

Applicant's Email Address

Applicant's Daytime Phone Number

Spouse's or Resident Co-Owner's Signature

Date

RETURN TO:

**State Dept. of Assessments & Taxation
State Tax Sale Ombudsman
300 W. Preston St.
Room 605
Baltimore, Maryland 21201**

FOR IMMEDIATE INFORMATION:

**Email: sdattaxsale@maryland.gov
Phone: (410) 767-4994
(833) 732-8411 toll free
Website: dat.maryland.gov/taxsale**

The Homeowner Protection Program diverts vulnerable homeowners from the tax sale process into an alternative program that minimizes their tax collection costs, helps them to pay their taxes, and allows them to remain in their homes. If you are a homeowner of limited income, you may qualify for the Homeowner Protection Program, which could keep your home out of tax sale for at least three years, and help you to pay the taxes you owe and keep your home. The Homeowner Protection Program is administered by the State Tax Sale Ombudsman at the Maryland Department of Assessments and Taxation.

Eligibility - To be eligible to apply for the program, the dwelling must be the applicant homeowner(s)' principal residence, and its assessed value must not exceed \$300,000. The homeowner(s)' combined annual income must not exceed \$60,000, and the total value of their assets must not exceed \$200,000, not including the value of the dwelling.

Priority enrollment is given to homeowner(s) aged 60 years or older; to those currently receiving disability benefits from the federal Social Security Disability Insurance program or the federal Supplemental Security Income program; or to those whose dwelling has been their principal residence for 10 years or more.

Limited enrollment - Enrollment in the Homeowner Protection Program is limited, and eligibility does not guarantee enrollment. Eligibility or priority enrollment criteria may be added or changed to help as many of the most vulnerable homeowners as possible.

An application may be subjected to an audit at any time, and the applicant may be asked to submit additional verification or evidence of income to substantiate their application for program enrollment.

Important Filing Deadline - Applications from homeowner(s) seeking to avoid inclusion in their county's upcoming tax sale must be filed at least four weeks prior to the tax sale date to be considered prior to the sale. However, applicants may apply to the program during any phase of the tax sale process throughout the year.

Privacy and State Data System Security Notice - The principal purpose for which this information is sought is to determine your eligibility for a tax lien repayment plan. Failure to provide this information will result in a denial of your application. Some of the information requested would be considered a "Personal Record" as defined in State Government Article, § 10-624 consequently, you 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, it is unlawful for any officer or employee of the state or any political subdivision to divulge any income particulars set forth in the application or any tax return filed except in accordance with judicial legislative order. However, this information is available to officers of the state, county, or municipality in their official capacity and to taxing officials of any other state, or the federal government, as provided by statute.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please Print Clearly

Do Not Staple Documents - this delays the processing time and may damage the application.

Please send copies only - Do Not Send Original Documents - all documents are shredded after scanning.