

**APPLICANT DETAILS – PLEASE REVIEW THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION**

1. Name: Last, First, Middle Initial		2. Social Security Number or ITIN (Individual Taxpayer ID#)		3. Date of Birth	
4. Mailing Address (If different from Property Address and provide an explanation on a separate sheet of paper and include with this application.)				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, please include Month and Year _____ (MM/YYYY)	
6. Name of Spouse or Residential Co-Owner: Last, First, Middle Initial		7. Social Security Number or ITIN (Individual Taxpayer ID#)		8. Date of Birth	
9. Property Address (House Number, Street Name or Rural Route – No P.O. Box)		10. City, Town, or Post Office		11. County Code	
				12. Zip Code	
13. Will you reside in the property on which you are applying for the tax credit on July 1, 2026 and for more than 6 months thereafter? <input type="checkbox"/> YES <input type="checkbox"/> NO If response is "NO" please see the instructions for Field 13 and provide the requested information with the application. If there is a change in your residential status or you will no longer occupy the property, please contact the Department to update the owner occupancy status of the property on the Department's records.					
14. 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 response is "YES" please see the instructions for Field 14 and provide the requested information with the application.					
15. Do you own or operate a business in the State of Maryland or elsewhere. <input type="checkbox"/> NO <input type="checkbox"/> YES If response is "YES" please see the instructions for Field 15 and provide the requested information with the application.					

**PROPERTY INFORMATION**

16. Property Account Number (On your Tax Bill or Assessment Notice)  _____		17. This residence is a(n): <input type="checkbox"/> Single Family Home <input type="checkbox"/> Land Installment Contracts <input type="checkbox"/> Multi-Family Home <input type="checkbox"/> Retirement Community/ <input type="checkbox"/> Mobile Home 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 _____ %	
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 there any household members over eighteen (18) years of age who are not a spouse or co-owner and who cannot be claimed as applicant's dependent for IRS purposes? If more than one Household Member, include a sheet of paper with Fields 22a.-22d. answered for each member. <input type="checkbox"/> Yes Complete Fields 22a. – 22d. <input type="checkbox"/> No Move to Field 23.			
22a. Household Member Name: Last, First, Middle Initial		22b. Date of Birth	
22c. Household Member Gross Income Last Year: \$ _____		22d. Total Contribution to Room and Board or Household Expenses last year: \$ _____	

**2025 WAGES & INCOME**

23. All accompanying schedules and documents <b>MUST</b> be submitted with this application. Do <b>NOT</b> send originals.	Applicant	Spouse/Resident Co-Owner	Household Member(s)	Office Use Only
Wages, Salary, Tips, Bonuses, Commissions, Fees	\$	\$	\$	\$
Interest (Includes both taxable and non-taxable)	\$	\$	\$	\$
Dividends (Includes both taxable and non-taxable)	\$	\$	\$	\$
Capital Gains (Includes non-taxed gains)	\$	\$	\$	\$
Rental Income (Net)	\$	\$	\$	\$
Business Income (Net)	\$	\$	\$	\$
Room & Board paid to you by a nondependent resident, see instructions for Items 22a.-22d.	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Workers' Compensation	\$	\$	\$	\$
Alimony and/or Spousal Support	\$	\$	\$	\$
Public Assistance Grants (Include copy of AIMS)	\$	\$	\$	\$
Social Security (Include copy of 2025 Form SSA-1099)	\$	\$	\$	\$
S.S.I Benefits for 2025 (Include Proof)	\$	\$	\$	\$
Railroad Retirement (Include copy of 2025 Verification or Rate Letter)	\$	\$	\$	\$
Other Federal Pensions (Not including VA Benefits) per year	\$	\$	\$	\$
Veterans Benefits per year	\$	\$	\$	\$
Pensions (If a rollover, include proof)	\$	\$	\$	\$
Annuities (If a rollover, include proof)	\$	\$	\$	\$
IRAs (If a rollover, include proof)	\$	\$	\$	\$
Deferred Compensation (Include W-2 Statement)	\$	\$	\$	\$
Gifts over \$300.00	\$	\$	\$	\$
Expenses Paid by Others	\$	\$	\$	\$
Inheritances	\$	\$	\$	\$
All other monies received last year not reported above	\$	\$	\$	\$
<b>TOTAL HOUSEHOLD INCOME FOR 2025</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

24. Did or will you and/or your spouse, file a Federal Income Tax Return for 2025? ☐ Yes ☐ No ☐ Not required to file  
 If yes, a copy of your return (and if married & filing separately, a copy of your spouse's return) with all accompanying schedules **MUST** be submitted with this application.

**CERTIFICATION**

<input type="checkbox"/> 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 my net worth is less than \$200,000 excluding the value of the subject dwelling and homesite, IRAs and qualified retirement savings plans. 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 Telephone Number ( )
Spouse's or Resident Co-Owner's Signature	Date
<b>RETURN TO: Department of Assessments and Taxation</b> <b>Homeowners' Tax Credit Program</b> <b>P.O. Box 49005</b> <b>Baltimore, Maryland 21297</b>	<b>FOR IMMEDIATE INFORMATION:</b> <b>Email: <a href="mailto:sdat.homeowners@maryland.gov">sdat.homeowners@maryland.gov</a></b> <b>Telephone: Baltimore Area 410.767.4433</b> <b>Toll Free 1.800.944.7403</b>

**2026 Homeowners' Property Tax Credit Application HTC-1 Form • Filing Deadline October 1, 2026**  
**Apply Online for Faster, Easier Filing & Status Updates: <http://www.taxcredits.sdat.maryland.gov/>**

The State of Maryland provides a credit for the real property tax bill for homeowners of all ages who qualify on the basis of gross household income. For more information, please visit our website at <https://dat.maryland.gov/Pages/Tax-Credit-Programs.aspx>

### **Eligibility**

Actual taxes eligible for this credit do not include fixed metropolitan charges which may appear on the tax bill for such services as sewer, water, or improvement repayments, and do not include taxes for excess land acreage, other buildings or portions of buildings used for business purposes. Property owners with large tracts of land will have the credit limited to the amount of taxes on land necessary for the residential dwelling and does not include excess acreage. The credit shall be limited to the portion of the dwelling that is used only for the applicant's residential purposes. An application may be subjected to an audit at any time and applicant may be requested to submit additional verification or other evidence of income in order to substantiate the application for the property tax credit.

### **Requirements**

Applicant(s) must satisfy four (4) legal requirements before eligibility can be considered:

1. The dwelling for which the application is being made, must be the applicant's principal residence. Applicant resides or expects to reside for more than six (6) months of the tax year, including July 1, 2026, unless unable to do so for reasons of illness, need of special care or the property was recently purchased. An individual who permits, pursuant to a court order or separation agreement, a spouse, former spouse, or children of that person's family, to reside in a dwelling in which the individual has a legal interest, has met the residency requirement. A homeowner may claim credit for only one principal residence.
2. Applicant must have legal interest in the property. Land installment sales, contract purchases, holders of a life estate and beneficiaries of certain trusts have sufficient legal interest.
3. Net worth, excluding the value of the property for which the credit application is being made and the cash value of IRAs or qualified retirement savings plans, must not exceed \$200,000, as of December 31, 2025.
4. Combined gross household income cannot exceed \$60,000.

If all four requirements are met, the amount of tax credit due, if any, will be calculated on the basis of the gross household income for calendar year 2025.

### **Limitations**

The lesser of \$300,000 or the total assessed value **minus any Homestead Credit**, shall be used for calculating taxes eligible for credit.

### **Important Filing Deadlines**

The deadline for filing an application is October 1, 2026. However, if applicant submits a properly completed application by **April 15th, 2026**, and that application is not subject to an audit by the department, applicant will receive any credit due on the July 1, 2026, tax bill. A properly completed application means that all questions are answered, the form is signed, copies of the entire federal income tax return, schedules and forms, necessary Social Security form (SSA-1099), Railroad Retirement Verification or Rate Letter are all included, and applicant has provided responses to any subsequent inquiries made by the department in a reasonable timeframe. If the application is filed after April 15, 2026, applicant should not expect to receive any tax credit on the July 1, 2026, tax bill, and is advised to pay the tax bill to receive the discount for early payment.

### **How Tax Credits are Granted**

By submitting this application, the applicant will receive one of the following:

- Credit directly on the July property tax bill if the application is completed properly and is not subjected to audit and is received before April 15, 2026; or
- A refund if the bill has already been paid; or
- Written denial stating the reason for ineligibility.

### **County Supplemental Tax Credits**

Supplemental tax credits are available to eligible homeowners in Anne Arundel Co., Baltimore City, Baltimore Co., Calvert Co., Caroline Co., Carroll Co., Charles Co., Frederick Co., Garrett Co., Harford Co., Howard Co., Kent Co., Montgomery Co., and Washington Co. The supplemental tax credits are administered by the State of Maryland Homeowners' Tax Credit Program. To apply for the state tax credit and/or county supplemental tax credit, applicants are only required to submit this application form (Form HTC-1). Some applicants may be eligible for a supplemental tax credit even though they may be ineligible for a state credit based on income.

### **Privacy and State Data System Security Notice**

The principal purpose for which this information is sought is to determine your eligibility for a tax credit. 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**
- **Do Not Send Original Documents**

### **Applicant Details**

**Field 1:** Name - Enter the full legal name of applicant (last name, first name, middle initial). Applicant must own or have a legal interest in the property.

**Field 2:** Social Security Number or ITIN (Individual Taxpayer ID#) - Enter applicant's nine (9) digit number.

**Field 3:** Date of Birth - Month, Day, and Year the applicant was born.

**Field 4:** Mailing Address - Enter the address the applicant would like mail sent to if it differs from the property address. Applicant must include an explanation on a separate sheet of paper.

**Field 5:** Current Marital Status - Check or mark which option best describes the applicant's current status: single; or provide the month and date for: married, separated, divorced (finalized) or widowed.

**Field 6:** Enter the full legal name of Spouse and/or Residential Co-Owner (last name, first name, middle initial). Residential Co-Owner must own or have a legal interest in the property. If more space is needed, enter information on a separate sheet of paper and include with this application.

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**Field 7:** Social Security Number or ITIN (Individual Taxpayer ID#) Number – Enter Spouse and/or Residential Co-Owners(s) Nine (9) digit number.

**Field 8:** Date of Birth - Month, Day, and Year the Spouse and/or Residential Co-Owner(s) was born.

**Field 9:** Property Address - Physical location of applicant's property for which the tax credit is being applied.

**Field 10:** City, Town, or Post Office - State the name of the city or town where the property is located.

**Field 11:** County - Provide the two (2) digit code of the county where the property is located.

County	Code
Allegany	01
Anne Arundel	02
Baltimore City	03
Baltimore County	04
Calvert	05
Caroline	06
Carroll	07
Cecil	08
Charles	09
Dorchester	10
Frederick	11
Garrett	12
Harford	13
Howard	14
Kent	15
Montgomery	16
Prince George's	17
Queen Anne's	18
St. Mary's	19
Somerset	20
Talbot	21
Washington	22
Wicomico	23
Worcester	24

**Field 12:** Zip Code - List the postal code in which the applicant's property is located.

**Field 13:** If you will not be residing in the property for which you are applying for the tax credit on July 1, 2026, and for more than six (6) months thereafter, please explain your reason on a separate sheet of paper and include with this application. I

**Field 14:** If you own any other dwelling or other real estate in the State of Maryland or

elsewhere, please list the real estate's address(es), date acquired, property account number and estimated value on a separate sheet of paper and include with this application.

**Field 15:** If you own or operate a business in the State of Maryland or elsewhere, list the name of business, type of business and principal office address on a separate sheet of paper and include with this application.

**Property Information**

**Field 16:** Property Account Number - Every county uses the property account number to identify the property. Baltimore City uses the Ward, Section, Block, and Lot Number to identify properties in the City. This information can be obtained from the applicant's property tax bill, assessment notice or by clicking the below link:

<https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx>

**Field 17:** This residence is a(n) - Check or mark which residential building structure best describes applicant's home/primary residence. If none listed apply, please mark 'Other' and write-in structure.

**Field 18:** Property Use - Mark whether the property use is residential only or residential and a portion being used for business, farming or rental use. If any business, farming or rental use, please provide the approximate percentage of use.

**Field 19:** Total number of apartments on the property if applicable, including vacant apartments - State the total number of apartments on the applicant's property. This number should include vacant apartments/rental units.

**Field 20:** Amount of rent received from tenants if applicable: Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_ If any portion of the applicant's property is rented, state the total gross rent received and the net gross rent received the previous year.

**Household Members**

**Field 21:** If there are household members over eighteen (18) years of age who are not a spouse or co-owner and who cannot be claimed as applicant's dependent for IRS

purposes, complete Field 22a-22d. If there are none, move to Field 23.

**Fields 22a. – 22d.:** Applicant must provide the name(s) (last, first, and middle initial) and date(s) of birth (month, day, and year) of all persons living at the property who are over eighteen (18) years of age and not claimed as a dependent for IRS purposes and are not co-owner(s) of the property. The applicant must also provide the household member's gross income from last year or how much they paid for room and board and/or household expenses. These fees must be "reasonable". If there are additional members, include a sheet of paper with questions 22a. – 22d. completed.

**Wages & Income**

**Field 23:** Wages & Income - All resident co-owners, including the applicant and applicant's spouse, must report their gross income. Income from all sources must be reported, including taxable and non-taxable income. Income for this application is not limited to the definition of gross income for federal or state income tax filing purposes. Social Security benefits, worker's compensation, deferred compensation, etc., must be reported. The full amount of an inheritance is income. All gifts in excess of \$300 and expenses paid on applicant's behalf by others must be reported as income. Losses from business, rental or other endeavors may not be used to reduce the amount of gross income reported. Any household occupant not being claimed as a dependent and who is not paying reasonable fixed charges, such as room and board, must report their total gross income(s) from the previous year.

**Field 24:** If you filed or will file a Federal Income Tax Return for 2025, or if married and filed or will file separately, include a photocopy of the completed 2025 federal tax return(s), including all accompanying schedules and other forms, when submitting this application. If income was derived from a partnership or corporation, a copy of the partnership return (Form 1065, including Schedule K-1) and/or a copy of the corporate return (Form 1120 or 1120S, including Schedule K-1) must also be included.

**Do not send original documents as we are unable to return them.**