

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
**APPLICATION FOR EXEMPTION FOR BLIND PERSONS**

To be filed with the Supervisor of Assessments in the appropriate local office; a list of offices is attached.

This form seeks information for the purpose of a blind exemption for 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 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.

Title to property is in the name(s):

Address of property:				
Location and Description of Property			Account Number:	
<b>Baltimore City</b>	Ward:	Section:	Block:	Lot:
<b>County:</b>	District:	Map:	Block:	Parcel:
Subdivision:		Description:		
Date Acquired:		Deed Reference:		
Name of Property Owner:				

*I hereby certify that the above described property is my principal residence, that I am legal owner of said property, and that I meet the requirements of the Maryland Law granting the exemption from property taxation as the attached doctor's certification will indicate.*

*I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, Annotated Code of Maryland, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.*

Signature of Blind Person: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following certification must be completed by a licensed medical doctor or optometrist.**

This is to certify that the herein named applicant \_\_\_\_\_, a blind person has been examined by me, and is found to have permanent impairment of both eyes of the following status: central visual acuity of 20/200 or less in the better eye, with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than twenty degrees on the better eye.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Effective Date of Blindness: \_\_\_\_\_

THIS APPLICATION IS NOT OPEN FOR PUBLIC INSPECTION  
**(FOR ASSESSMENT OFFICE USE ONLY)**

Comments:

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New Application [ <input type="checkbox"/> ]	Re-Application [ <input type="checkbox"/> ]	Code No. _____
Approved [ <input type="checkbox"/> ]	Disapproved [ <input type="checkbox"/> ]	Effective _____

Land	Improvements	Total
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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_