

**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 not 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 submit it to the local Assessment Office where the property is located; a list of offices is attached.

Name of Applicant: \_\_\_\_\_ Property Owner's Name: \_\_\_\_\_  
Last Name, First Name, MI (if different from applicant)

Property's Address: \_\_\_\_\_  
Street Number & Name, City/Town, State & Zip Code

Applicant's Mailing Address: \_\_\_\_\_  
(if different from property's address)

Applicant's Date of Birth: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Is this the Applicant's Permanent Residence? Yes  No  If No, Explain: \_\_\_\_\_

Description of Improvement(s) Required for Health or Medical Condition: \_\_\_\_\_

Date Improvement(s) Completed: \_\_\_\_\_

Nature of Health or Medical Condition for which Medically Necessary Improvement(s) 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  or Temporary  Expected Duration \_\_\_\_\_  
(Months, Years)

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If different from applicant)

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.

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

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**For Assessment Use Only**

Comments: \_\_\_\_\_

New Application  Re-Application  Approved  Exemption Effective Date \_\_\_\_\_ Disapproved

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACHMENT PROCEDURE 009-500-010 and 019-025-050