

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



BOB YEAGER
Director

ERIC ANDERSON
Deputy Director

INSTRUCTIONS

The applicant should fill in all blanks in the document below prior to returning the affidavit. The document must be completed by the applicant using his/her own words to ensure correct answers, except in cases where a legal representative is acting on behalf of the applicant. The applicant must include copies of all supporting documentation, including medical bills, property casualty claims and any other documents evidencing the affiant or immediate family member suffered a Hardship, as defined below. The form may be completed with an answer to questions (4) or (5) or both (4) and (5), depending on the situation.

Under Baltimore County Code, § 11-2-111 (a)(2)

"Hardship" means:

- (i) An illness or accident-related injury of a homeowner or a member of the homeowner's immediate family; or
- (ii) A property casualty event at a homeowner's dwelling.

AFFIDAVIT in support of claim for Baltimore County Hardship Tax Credit

1. I, _____, the affiant, am a resident of the State of Maryland.
2. I reside at _____(address).
3. I am over 18 years of age and am competent to state the following facts and to answer all questions regarding the July 1, 2026 – June 30, 2027 Homeowners' Tax Credit.
4. I suffered a Hardship under Baltimore County Code § 11-2-111 (a)(2)(i) which was an illness or accident-related injury to myself (the homeowner) or a member of my immediate family:

Description of the Hardship:

Monetary Amount of suffered damages: _____

Date of occurrence: _____

5. I suffered a Hardship under Baltimore County Code § 11-2-111 (a)(2)(ii) which was a property casualty event at the homeowner's dwelling:

Description of the Hardship:

Monetary Amount of suffered damages: _____

Date of occurrence: _____

I declare, under the penalties of perjury, to the best of my knowledge, information, and belief, pursuant to Section 1-201 of the Tax-Property Article of the Maryland Annotated Code, that the above information is true and correct.

DATE: _____

SIGNATURE (Applicant): _____

ACCOUNT NUMBER_____

AFF: Baltimore County Hardship