



## HOWARD COUNTY DEPARTMENT OF FINANCE

3430 Court House Drive Ellicott City, Maryland 21043

410-313-4076

Rafiu O. Ighile, CPA, CGMA, MBA  
Director of Finance  
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FAX 410-313-4064  
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### **Aging in Place Tax Credit Application:** **For Disabled Military – First-Time Applicants Only** **Deadline to Apply: January 9, 2026**

#### **Eligibility Requirements:**

- ☐ Own and live in the home as your **principal residence**
- ☐ Be **VA-certified as 75–99% disabled or surviving spouse, who has not remarried**
- ☐ Not receiving any of the following in the same tax year:
  - Public Safety Officer Tax Credit
  - Senior Tax Credit
- ☐ Submit an **Annual Renewal Certification** to remain eligible for up to 10 years

#### **Credit Amount**

You may receive **20% credit** on your **eligible County property tax**, calculated on the **lesser of:**

- \$650,000
- The assessed value of your home (minus any other property tax credits)

#### **Required Documents**

**Note:** Photos taken with a phone **will not be accepted**

Please include **copies** of the following:

1. **VA Disability Certification Letter** (on official VA letterhead)
2. **Valid Maryland Driver's License or MVA-issued Photo ID**  
(for both owner and co-owner, if applicable)
3. **Utility Bills** (last 6 months)
  - Must show your **name and address**
  - Acceptable: PEPCO, BGE, cable, or cell phone providers
  - Must be **non-Howard County issued**
  - **Bill summaries are not accepted**
4. **Copy of Death Certificate, if applying as a surviving spouse**

#### **Submit Your Application**

Mail to:  
Howard County Department of Finance  
credits

Aging in Place Tax Credit  
3430 Court House Drive  
Ellicott City, MD 21043

Apply Online:  
[https://www.howardcountymd.gov/finance/tax-](https://www.howardcountymd.gov/finance/tax-credits)



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### **Aging in Place Tax Credit Application: For Disabled Military – First-Time Applicants Only**

#### Applicant Information (Please print clearly)

Parcel Number (from your Howard County tax bill): \_\_\_\_\_

Date of Disability Certification: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_

Co-Owner Name (if any): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby certify that the information provided in this application, to the best of my knowledge and belief, is true, correct and complete. I understand that misinformation or refusal to disclose information which is essential for a determination of eligibility is a basis for disapproval of my application. I certify, I understand that the Howard County Department of Finance may request, at a later date, additional information to verify the statements reported on this form. Also, I hereby authorize the Howard County Department of Finance to verify/obtain any information and documentation which will assist in determining my eligibility for assistance.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co- Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_