



## HOWARD COUNTY DEPARTMENT OF FINANCE

3430 Court House Drive ■ Ellicott City, Maryland 21043 ■ 410-313-4076 ■ TDD 410-313-2323

Division of Property Tax Accounting

Email: [taxcredit@howardcountymd.gov](mailto:taxcredit@howardcountymd.gov)

### **AGING IN PLACE TAX CREDIT APPLICATION: **FIRST-TIME APPLICANTS ONLY****

**DEADLINE TO SUBMIT: June 30, 2022**

In accordance with the provisions of Section 20-129E of the Howard County Code and §9-258 of the Tax- Property Article of the Annotated Code of Maryland, the owner of a dwelling may receive a property tax credit against the County property tax if the property is owned by an individual who meets the below qualifications:

#### **Important Information:**

- Dwelling **Must** be the applicant's principal residence
- A property owner may not receive an Aging in Place Tax Credit and a Senior Tax Credit
- The credit shall automatically renew for four consecutive years unless the owner is no longer eligible.
- Applicant must have owned and resided in property **38 years** as of July 1, 2022.
- Applicant must be 65 by June 30<sup>th</sup> of the tax year

The property tax credit is equal to 20% of the eligible County tax. The eligible County tax is the amount of County tax on the lesser of \$500,000.00 or the assessed value of the dwelling reduced by the amount of any assessment on which a property tax credit is granted.

#### **If applying based on 65 years of age and lived in the same dwelling for 38 years or more, submit with the application:**

- Original copy of the completed application
- Copy of your valid Maryland Driver's license or MVA-issued photo I.D. for owner and co-owner
- Copy of the name and address page of the last 6 months utility bills
- Deed for the dwelling showing ownership interest and the date of purchase on or before **July 1, 1984**

#### **If applying as 65 years of age and Retired Military with 20 years of ACTIVE service, submit with the application:**

- Original copy of the completed application
- Copy of your valid Maryland Driver's license or MVA-issued photo I.D. for owner and co-owner
- DD214 showing 20 years of active duty service
- Copy of the name and address page of the last 6 months utility bills
- Deed for the dwelling showing ownership interest and the date of purchase on or before **July 1, 1984**

#### **If applying as 65-year-old deceased spouse of Retired Military with 20 years of active service, submit with the application:**

- Copy of Death Certificate for deceased spouse
- Original copy of the completed application
- Copy of your valid Maryland Driver's license or MVA-issued photo I.D. for owner and co-owner
- DD214 showing 20 years of active duty service
- Copy of the name and address page of the last 6 months utility bills
- Deed for the dwelling showing ownership interest and the date of purchase on or before **July 1, 1984**



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Please print:

Parcel Number (located on the Howard County tax bill): \_\_\_\_\_

Owner/Applicant's Name \_\_\_\_\_ Co-Owner \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**We encourage you to apply by May 1, 2022. However, you should not expect to receive the Aging in Place tax credit on the July 1, 2022 bill. You are advised to pay the tax bill as shown if you wish to receive the discount for early payment offered by Howard County.**

<p><b>Mailing Address:</b> Howard County Department of Finance Aging in Place Tax Credit 3430 Court House Drive Ellicott City, MD 21043</p>	<p><b>Email address:</b> <b>PDF only</b> Email: <a href="mailto:taxcredit@howardcountymd.gov">taxcredit@howardcountymd.gov</a> Website: <a href="http://www.taxcredits.howardcountymd.gov">www.taxcredits.howardcountymd.gov</a> 410-313-4076</p>
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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 have a legal interest in this property, and that this dwelling will be my principal residence for the prescribed period. 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 verify/obtain any information and documentation which will assist in determining my eligibility for assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner/Applicant

\_\_\_\_\_  
Date