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

LIVABLE HOMES TAX CREDIT APPLICATION FOR ACCESSIBILITY FEATURES

Application deadline: April 1, 2022

A property may only receive one Livable Home credit during a single tax year. The credit allowed is the lesser of: 100% of eligible costs (as defined in list of accessibility features section) or \$2,500. Should the credit exceed the County property tax in the year of eligibility, the remaining portion will be applied to future years.

Application must include:

by Howard County.

- Certification Form with signature of both the Contractor and the property owner.
- Receipts for claimed expenditures related to the installation of the feature.
- Copy of permit if required.
- Photographs of both before and after installation for any feature not requiring a permit showing that the feature meets the requirements of the credit.

Please check Reason for Modification:	
☐ Occupant with Disability	☐ Occupant with frequent Disabled/Aging Visitor
☐ Planning for future needs	☐ Increased Sales Appeal
Parcel ID #	
Applicant Name:	Co Applicant:
Property Address:	
Household Income Range (Please Check One): □ \$0 - \$50,000	□ \$50,001 - \$100,000 □ \$100,101- \$250,000 □ \$250,000 ·
Copies of Eligible Receipts Attached □	
Copy of Building Permit Attached □	
Applicant Signature:	Co-Applicant:
We encourage you to apply by April1, 2022. However	rer, you should not expect to receive the Livable Homes 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

Mailing Address:

Howard County Department of Finance 3430 Court House Drive Ellicott City, MD 21043

Email address:

Email: taxcredit@howardcountymd.gov Website: www.taxcredits.howardcountymd.gov 410-313-4076



Livable Homes Tax Credit Certification Form

	Certification Form
A. Modification Feature	
Description of Feature Installed	
B. Installation Contractor Informat	ion Self-Installed □
Installation Contractor Name:	Company Name:
Contractor's Md. License #:	Type of License:
Company Mailing Address:	
City:	State: Zip Code:
Phone: Fax:	Email:
Installation Date:	
Please check all applicable statements.	MIT PRIOR TO INSTALLATION) alled in compliance with applicable requirements of Howard County codes. Inspection Date:
contents of the foregoing certificati	of perjury that I am a contractor licensed in Maryland and that all the ion are true to the best of my knowledge, information, and belief. Date:
Name (Print):	Company:
E. Eligible Costs	
Total Cost of Modification Feature	
Amount Reimbursed by Insurance or other E	ntityEntity Name
Remaining Costs of Modification Feature I	Incurred(Please attach receipts)
F. Owner Acknowledgement	
in Paragraph A and have incurred to	If perjury that I am the owner of the real property in Howard County identified the costs above within the 12 months preceding this application, and that the ion are true to the best of my knowledge, information, and belief.
Signature:	Date:
	lled meets with applicable eligibility standards. een installed in accordance with the Howard County Building Code.

DILP Signature: ______Date: _____