



CHARLES COUNTY GOVERNMENT
Department of Fiscal & Administrative Services

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CHARLES COUNTY MARYLAND
TREASURY DIVISION
P.O. BOX 2607
LA PLATA, MD 20646

Application for Volunteer Emergency Responders

This form is to be used when taxpayer requests approval through the County Commissioners of Charles County, Maryland. **Application must be submitted annually by May 1 to receive credit.**

Applicant listed below must be one of the following:

- 1) Active volunteer member of a fire, rescue or emergency medical services company in Charles County appearing on the company's Length of Service Award Program (LOSAP) report for the preceding calendar year.
- 2) Qualified Volunteer who is currently receiving or currently eligible for the Length of Service Award Program (LOSAP) benefits.
- 3) Surviving spouse of item 1 or 2 that has not remarried.

SECTION 1 (This section is to be completed by the applicant)

Date of Application: _____ Property Number: _____

Applicant's Name/Surviving Spouse: _____

Property Address: _____

Is this your first time applying for this credit or is this a renewal application? _____

Company/Department the applicant volunteers: _____

Length of Service Award Program Status - Indicate if retired (receiving LOSAP benefits) or active duty _____

Did the applicant receive a year of credit on the Company/Department's Length of Service Award Program Report for the preceding calendar year? (Check One) YES NO (Affidavit must be attached)

Federal Adjusted Gross Income (Documentation must be attached) _____

If the applicant is a surviving spouse, please provide the name, date of death, and company/department of the deceased volunteer. _____

If the applicant is a surviving spouse, have you remarried? (Check One) YES NO

SURVIVING SPOUSE OF EMERGENCY RESPONDER

PLEASE INDICATE IF THE FOLLOWING IS TRUE OR FALSE

| Check One | | |
|-----------|---|---|
| T | F | 1. The property was owned by an emergency responder at the time of their death. |
| T | F | 2. The emergency responder was domiciled in Charles County as of the date of death AND the property was acquired by the surviving spouse within two (2) years of the date of death. |
| T | F | 3. The property is the legal (principal) residence of the surviving spouse. |
| T | F | 4. The property is occupied by more than two (2) families. |
| T | F | 5. The property was acquired after the surviving spouse qualified for the credit from a previously owned property under item 1 or 2 above. |
| | | 6. If item 5 above is TRUE, please provide the property tax account number of the previously approved property _____ |

I hereby certify under oath and affirmation, subject to the penalties provided by law, that the information and responses in this application are true and correct to the best of my knowledge, information, and belief.

SIGNATURE OF APPLICANT/ SURVIVING SPOUSE

APPLICATION DATE

SECTION 2 (Do not complete if this application is a renewal)

Please check and attach the following:

_____ Death certificate of deceased

_____ Marriage Certificate

_____ Volunteer Emergency Responders Tax Credit Affidavit

SECTION 3 (To be completed by the Chief of Treasury and the Director of Fiscal & Administrative Services)

TO: Chief of Treasury

APPROVAL OF APPLICATION

Charles County, Maryland

Date _____ 20 _____

The facts set forth in the above application have been reviewed and verified by the Chief of Treasury, I hereby certify that the applicant is entitled to a credit in the amount of _____ dollars, (\$ _____).

(Title of County Official)

(Signature of County Official)

The application submitted by _____ has been denied for the reason listed below:

AUTHORIZATION FOR CREDIT

TO: Director of Fiscal and Administrative Services

Authorization Number _____ Date _____ 20 _____

Pursuant to the foregoing application and approval thereof, please issue a credit of the above application as approved.

Jacob Dyer
Acting Director of Fiscal & Administrative Services

11/23