



RESIDENTIAL BAY RESTORATION FUND (BRF) FEE EXEMPTION PROGRAM APPLICATION

Name: [Click here to enter text.](#)

Account Number: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

I have been accepted into the State Office of Home Energy Programs (OHEP); therefore, I meet the income criteria and am exempt from paying the Bay Restoration Fee. Confirmation documentation was transferred from OHEP to WSSC.

As a non-OHEP participant, I meet two of the following four criteria (please check two) for exemption from the Bay Restoration Fee, and have included the required documentation with my completed and signed application:

- 1) WSSC Water Fund assistance within the last 12 months. Confirmation on official letterhead required.
- 2) Receipt of public assistance or food stamps within the last 12 months. Confirmation on official letterhead required.
- 3) Receipt of Veteran's or Social Security disability benefits within the last 12 months. Confirmation on official letterhead required.
- 4) Meet the income criteria below. Current year's tax return required.

Income Eligibility Limits
Effective July 1, 2023 to June 30, 2024
Based on 175% of the Federal Poverty Level

Household Size	Maximum Gross Monthly Income Standards	Maximum Gross Yearly Income Standards
1	\$2,126	\$25,515
2	\$2,876	\$34,510
3	\$3,625	\$43,505
4	\$4,375	\$52,500
5	\$5,125	\$61,495
6	\$5,874	\$70,490
For each Additional Person, Add	\$750	\$8,995

I understand that, if approved, this exemption will apply to the property in which I am living, as identified on this application, and will be **valid until June 30, 2024.**

By selecting this box, I am submitting this form with my electronic signature:

Signed Name (if printing): _____ Date: [Click here to enter a date.](#)

For Official Use Only

Exemption Approved:

Exemption Not Approved:

By: _____

Date: [Click here to enter a date.](#)

Please return completed application and supporting documentation to: **WSSC Attn: Customer Service Department – 9th Floor, 14501 Sweitzer Lane, Laurel, MD 20707.** You may also fax the information to 301-206-7013 or email to CustomerService@wsscwater.com.