



Town of Perryville

515 Broad St. PO Box 773

Perryville, MD 21903

(410) 642-6066

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www.perryvillemd.org

Application for the Public Safety Home Ownership Incentive Program

Eligibility Requirement

1. An individual must file an application annually between July 1 and September 30 to participate in the program that year.
2. Eligibility to participate in the program is limited to those applicants who timely file an application and satisfy the criteria in this section.
3. An applicant must be a public safety employee as defined in Chapter §68-2(d) of the Town Code or the surviving spouse of a public safety employee.
 - In order for the surviving spouse of a public safety employee to be an applicant for an incentive under the program, the public safety employee must have been receiving benefits under the program at the time of death.
4. The applicant must:
 - a) **Own and occupy a principal residence in the Town; and**
 - b) **Have owned and occupied the principal residence during the preceding tax year; and**
 - c) **Be current in the payment of Town real property taxes and utility charges for the principal residence.**
5. The applicant must be the only individual who resides at the principal residence claiming or applying for the incentive provided by the program.

**For additional information regarding this program, refer to Chapter 68 of the Town Code.*

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Street Address: _____
Street Address Property Tax ID

City State ZIP Code

Mailing Address: _____
(if different) Street Address

City State ZIP Code

Phone: _____ **Email:** _____

Volunteer Fire Department Statement

Check one:

- Sworn Town of Perryville Officer
- Active Member of the Community Fire Company of Perryville, MD, INC.
- Lifetime Member of the Community Fire Company of Perryville, MD, INC
- Surviving Spouse (see section 3 under eligibility requirement)

Please provide prior year statement from the Community Fire Company of Perryville, MD, INC. showing hourly credit. Statement must be attached to this application to be considered for the program.

I certify that my answers are true and complete to the best of my knowledge. I understand that additional material may be requested to complete the review of this application.

Signature: _____ Date: _____

Office Use Only:			
<input type="checkbox"/> APPROVED	AMOUNT APPROVED:	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00
thru: _____	_____	_____	_____
<i>Town Administrator</i>	_____	_____	<i>Date:</i> _____
<i>Finance Director</i>	_____	_____	<i>Date:</i> _____
<input type="checkbox"/> DENIED			
REASON:	<input type="checkbox"/> Did not meet eligibility requirements <input type="checkbox"/> Other: _____		