

CARROLL COUNTY MARYLAND
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Department of the
Comptroller

Robert M. Burk
Comptroller

DISABLED HERO TAX CREDIT APPLICATION
(PLEASE PRINT OR TYPE)

Property Account No: _____

Name of Disabled Hero _____ Daytime Phone No. _____

Address of Property _____

Mailing Address _____
(If different than address of property)

Is this a residential owner-occupied property? _____ Yes _____ No (If no, this property is not eligible for tax credit)

Date Adjudged to be permanently & totally disabled: _____
(Please provide copy of disability documents from qualifying agency)

Information to be provided by law enforcement or rescue worker service:

Name of Employer _____

Name of Authorized Representative _____ Title _____ Telephone No. _____
(Signature required below)

Position Held by Disabled Hero _____

Ruled disabled ___ 1) as a result of or in the course of employment as a law enforcement officer or correctional Officer; while a resident of Carroll County and in active service of Carroll County or a jurisdiction with reciprocity.

(please check **OR**
one)

___ 2) while in the active service of a career or volunteer fire, rescue, or emergency medical service of Carroll County or a jurisdiction with reciprocity.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE PREPARED AND EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF APPLICANT

Date

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Date

For County Use Only

Date application received _____

SDAT account information attached _____

Tax Credit Approved _____ or Denied _____

Credit begins _____ Expires _____