

COUNCIL OF THE CITY OF ABERDEEN, MARYLAND
Resolution No. 13-R-02

Introduced By:

Mayor Michael E. Bennett

Date Introduced:

Date Adopted:

Date Effective:

RESOLUTION NO. 13-R-02

**A RESOLUTION CONCERNING THE
BAY RESTORATION FEE HARDSHIP POLICY**

1 **WHEREAS**, pursuant to the Annotated Code of Maryland, Environment Article,
2 Section 9-1605.2, as amended by the General Assembly during the 2012 legislative session, the
3 City of Aberdeen is required to establish a program to exempt from paying the Bay Restoration
4 Fee, certain residential dwellings able to demonstrate substantial financial hardship as a result of
5 the restoration fee; and

6
7 **WHEREAS**, the Mayor and Council wish to adopt a financial hardship exemption
8 program for residential customers based on the guidelines provided by the Maryland Department
9 of the Environment.

10
11 **NOW, THEREFORE, BE IT RESOLVED**, that the Mayor and Council of the City of
12 Aberdeen does hereby adopt the financial hardship exemption program for residential customers
13 attached hereto as Exhibit A; and

14
15 **BE IT FURTHER RESOLVED** that this Resolution shall take effect from the date of its
16 adoption.

COUNCIL OF THE CITY OF ABERDEEN

Michael E. Bennett, Mayor

Ruth E. Elliott, Councilwoman

Bruce E. Garner, Councilman

Sandra J. Landbeck, Councilwoman

Ruth Ann Young, Councilwoman

ATTEST

SEAL

Monica A. Correll, City Clerk

(EXHIBIT A)

**CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP POLICY
(BAY RESTORATION FEE)**

The objectives of the policy

1. Provide appropriate options for residential customers who want to pay their bills but do not have the financial resources to meet their obligations.
2. Ensure appropriate and consistent application of hardship policy.
3. Any assistance provided will be temporary. The exemption period will be determined based on the circumstance, but not more than one year.

Definition of hardship situations (Eligibility)

Applicant must meet at least two of the following criteria:

1. Receiving energy assistance
2. Receiving public assistance – Supplemental Security Income (SSI) or food stamps
3. Receiving veterans or social security disability benefits
4. Receiving unemployment assistance
5. Meeting the income criterion as established by the State (Income Eligibility Standards). See Appendix A for current eligibility limits.

Desired outcome

1. Providing customers who indicate financial problems in meeting water and sewer bills with information concerning the financial assistance program
2. Keeping the customer current
3. Retiring the past-due amount
4. Limiting unnecessary expenses (reducing usage, avoiding delinquency fees and shut-offs)
5. Restoring the customer to good standing.

Application

Applicants to the program shall submit an application form and other documentation to support eligibility. If the customer declines to verify eligibility and/or is not eligible for financial assistance, the customer will not qualify for the program.

Customers may re-apply after the expiration of an exemption period for re-verification of eligibility.

(EXHIBIT A)

**CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP PROGRAM
(BAY RESTORATION FEE)**

REQUEST FOR FINANCIAL ASSISTANCE

Account Number _____ Date: _____

Phone Number: _____

Name: _____
Last First MI

Address: _____

Male Female Married Single

Number in Household: _____ Household Income: \$ _____ \$ _____
Monthly Annually

Reason for Request:

Extra-ordinary circumstances (Please give brief explanation below):

Other (Please give brief explanation below):

Have you applied for assistance before? Yes No

Signature: _____

(EXHIBIT A)

**CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP PROGRAM
(BAY RESTORATION FEE)**

INFORMATION YOU WILL NEED TO APPLY FOR THE PROGRAM

ALL APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING:

1. **Picture ID of Applicant**
Driver's License or other picture identification
2. **Proof of Residence**
Renters – Copy of first and last pages of lease agreement
Homeowners – Copy of title, mortgage or tax bill
3. **Proof of Hardship**
 - A. Pay stubs (last 2 stubs for bi-weekly pay periods, or last 4 stubs for weekly pay periods.)
 - B. Social Services or public assistance letter(s) or check stubs (you may submit copy of bank statement showing automatic deposits)
 - C. Unemployment benefit letter or check stubs
 - D. Other documents to prove eligibility
4. **Utility Bill**
A copy of your most recent utility bill

(EXHIBIT A)

APPENDIX A

Income Eligibility Limits Effective July 1, 2012 – June 30, 2013		
Household Size	Maximum Gross Monthly Income Standards	Maximum Gross Yearly Income Standards
1	\$1,628.95	\$19,547.50
2	\$2,206.45	\$26,477.50
3	\$2,783.95	\$33,407.50
4	\$3,361.45	\$40,337.50
5	\$3,938.95	\$47,267.50
6	\$4,516.45	\$54,197.50
For each additional person, add	\$577.50	\$6,930.00