

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: _____

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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