



QUEEN ANNE'S COUNTY
DEPARTMENT OF BUDGET & FINANCE
Treasury Division
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ANNUAL PROPERTY TAX CREDIT ELIGIBILITY CERTIFICATION
FOR DISABLED EMERGENCY WORKER
TAX YEAR 2027: July 1, 2026 – June 30, 2027

This Tax Credit Eligibility Certification is made this _____ day of _____, _____, by _____, a Disabled Emergency Worker as defined in the Queen Anne's County Code, Section 5-10.2, who was adjudged to be permanently and totally disabled in the line of duty on _____ and is made for the purpose of claiming and continuing those tax credits against Queen Anne's County real property tax that would otherwise be imposed on the following described property, as permitted by Queen Anne's County Code, Section 5-10.2.

This Certification is given with respect to the following property located in Queen Anne's County, Maryland, at _____, tax parcel # _____:

- ____ This property was owned by the Disabled Emergency Worker at the time of disability; **or**
- ____ The Disabled Emergency Worker was domiciled in the state as of the date the Disabled Emergency Worker was adjudged to be permanently and totally disabled, and the dwelling was acquired by the Disabled Emergency Worker within ten (10) years of the Disabled Emergency Worker being adjudged to be permanently and totally disabled; **or**
- ____ The dwelling was acquired after the Disabled Emergency Worker qualified for a credit for a former dwelling under subsection (1) or (2) of the Queen Anne's County Code 5-10.2 (B)

NOTE: Credits will be pro-rated to date of disqualification

I hereby certify, under penalties of perjury, with respect to the aforementioned property that: **(check both)**

- ____ The property is the principal residence of the Disabled Emergency Worker; **and**
- ____ The property is occupied by not more than two families.

MUST BE COMPLETED AND RETURNED PRIOR TO JUNE 15, 2026

APPLICANT NAME (PRINTED): _____

NAME (SIGNATURE): _____ DATE: _____

PHONE NUMBER: _____

In witness to the above certification, my notarized signature is set forth below:

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this _____ day of _____, _____, before me a Notary Public in and for the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the above certification is true and correct and that he/she executed the same under penalties of perjury for the purposes therein contained.

AS WITNESS my hand and notarial seal.

Notary Public

My Commission Expires: _____