



QUEEN ANNE'S COUNTY  
 DEPARTMENT OF BUDGET & FINANCE  
 Treasury Division  
 107 N. Liberty Street  
 Centreville, Maryland 21617  
 TELEPHONE: 410-758-0414  
 FAX: 410-758-4405  
 www.qac.org

**ANNUAL PROPERTY TAX CREDIT ELIGIBILITY CERTIFICATION**  
**FOR FALLEN EMERGENCY WORKER**  
**TAX YEAR 2027: July 1, 2026 – June 30, 2027**

This Tax Credit Eligibility Certification is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, the surviving spouse of \_\_\_\_\_, a Fallen Emergency Worker as defined in the Queen Anne's County Code, Section 5-10.2, who died 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 Fallen Emergency Worker at the time of disability; **or**
- \_\_\_\_\_ The Fallen Emergency Worker or the surviving spouse was domiciled in the state as of the Fallen Emergency Worker's death and the dwelling was acquired by the surviving spouse within ten years of the Fallen Emergency Worker's death; **or**
- \_\_\_\_\_ The dwelling was acquired after the surviving spouse 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 surviving spouse who has not remarried; **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: \_\_\_\_\_