

**QUEENSTOWN BAY RESTORATION FUND (BRF)  
FEE EXEMPTION PROGRAM APPLICATION**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am a citizen of Queenstown and responsible for paying the Bay Restoration Fund fee for the above address.

I meet at least **two (2)** of the following criteria (please check two) for exemption from the Bay Restoration Fund fee, and have enclosed the required documentation with my completed and signed application:

- 1) Receipt of energy assistance within the last 12 months. Confirmation on official letterhead required.
- 2) Receipt of public assistance-supplemental Social Security Income (SSI) or food stamps within the last 12 months. Confirmation on official letterhead required.
- 3) Receipt of Veteran's or Social Security disability benefits within the last 12 months. Confirmation on official letterhead required.
- 4) Meet the income criteria below. Current year's tax return required.

Household Size	Maximum Household Annual Gross Income*	Maximum Household Monthly Gross Income*
1	\$19,547.50	\$1,628.95
2	\$26,477.50	\$2,206.45
3	\$33,407.50	\$2,783.95
4	\$40,337.50	\$3,361.45
5	\$47,267.50	\$3,938.95
6	\$54,197.50	\$4,516.45
Each Additional Member of Household	\$6,930.00	\$577.50

\* Gross Income is all household income before deductions by employer for taxes, social security, etc.

I understand that, if approved, this exemption will apply to the property in which I am living, as identified on this application, and will be **valid for 12 months** from the date of approval. Upon the expiration of this exemption, it is my responsibility to reapply and provide all required documentation at that time.

**Printed Name**

**Signed Name**

**Date**

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**For Official Use Only**

Exemption Approved:

Exemption Not Approved:

By: \_\_\_\_\_ Date: \_\_\_\_\_