

INDEPENDENT LIVING TAX CREDIT APPLICATION

Disclaimer: To receive a tax credit certificate, an application must be submitted to the Maryland Department of Housing and Community Development by **June 1st of the current calendar year**. If the application is approved, the recipient will be notified and issued a certificate by **August 1st of the current calendar year**.

A representative from the Maryland Department of Housing and Community Development may contact the applicant to gather more information after this initial application is submitted.

Applicant(s) Contact Information

Applicant Name _____ DOB _____

Co-Applicant Name* _____ DOB _____

Address _____

City _____ County _____ State: MD

Zip _____

Phone Number _____ Email _____

*If you file taxes jointly with another person such as a spouse, they are your co-applicant, and you must include their information in the sections marked "co-applicant".

Statistical Information

I do not wish to furnish this information _____ (Initials)

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------|
| Ethnicity: <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native American | <input type="checkbox"/> American Indian/Alaskan Native & Black/African |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> Other Multi Racial | |

Gender: Male Female

Renovated Home Information

Property Street Address _____

City _____ County _____ State MD

Zip _____

Renovation Details

Check the boxes of all of the renovations that you have made on your home:

- No-step entrance
- Doorways with a 32-inch wide (or wider) clear opening
- Grab bars and reinforced walls to support
- Handrails
- Rocker panel light switches
- Accessible route to no-step entrance inside and outside of home
- Accessible handles on doors, plumbing fixtures
- Chairlifts and elevators
- Visual smoke/fire/carbon monoxide alarm
- Roll-in shower/tub
- Alarms integrated into the unit to assist an individual with a sensory disability
- No-step route to accessible home entrance
- Railings for exterior or interior steps
- Railings for hallways
- Hallways/circulation paths 36 inches wide or more
- Slip-resistant floors
- Switches, doorbells, thermostats and breaker boxes at no more than 48 inches above the floor or electrical receptacles at least 15 inches above the floor
- Lever water controls
- Full extension pull-out drawers, shelves, and racks in base cabinets
- Accessible door hardware

- Bathroom mirrors or medicine cabinets within lines of sight or reach ranges
- Creation of accessible parking space
- Kitchen appliances/work spaces within lines of sight or reach ranges
- Maneuvering space of at least 30 inches by 48 inches in a bathroom or kitchen so that a person using a mobility aid may enter the room, open and close the door, and operate each fixture or appliance
- Other, please describe: _____

Total Cost of Renovation Including Labor \$_____.

- I certify that the above amount was spent on installing accessibility features in my home. This amount can be verified through documentation.
- I certify that the accessibility features I am claiming were paid for by me, the applicant, and they were completed in the applicable tax year.

*****PLEASE SEND IN ANY SUPPORTING DOCUMENTATION TO VERIFY THE ABOVE INFORMATION WITH THIS APPLICATION*****

I/We understand that the information provided above is collected to determine if I/We are eligible to receive an income tax credit under the Maryland Independent Living Tax Credit program for accessibility or visibility renovations to my home during the most recent tax year.

I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of the tax credit and is punishable under federal and/or State law. I/We authorize the State of Maryland Department of Housing and Community Development and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for the tax credit.

I/We are required to keep documentation (e.g. invoices and receipts) and provide them upon request in order to verify that the funds were used for their intended purposes. I/We understand and acknowledge that failing to do so could result in being required to return these funds to the Maryland Department of Housing and Community Development.

Duplication of funding for requests is strictly prohibited. By signing this document, I/We declare and certify that I have not received funds or tax credits from other sources to address my request. I/We further declare that only one application for services has been submitted for my household. If I/We should receive other money (e.g. from my insurance company) at a future date for the

same request, I/We understand and acknowledge that I must return the funds provided by the Maryland Department of Housing and Community Development.

I/We understand that intentionally making false statements or withholding information to obtain disaster aid is against Federal and State laws, which carry severe civil and criminal penalties.

A representative from the Maryland Department of Housing and Community Development may request additional information from you, the applicant, during the review process. In order to receive the credit, you must comply with their requests.

Signature

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____