



DORCHESTER COUNTY FIRE & EMS
501 COURT LANE, CAMBRIDGE, MD 21613
www.dorchestercountymd.com

VOLUNTEER FIRE DEPARTMENT MEMBER - PROPERTY TAX CREDIT APPLICATION

To be completed by the VFD Member (Homeowner)

Please type or print using ink only

IMPORTANT! This application must be received by MAY 1st of each year for the upcoming Tax Year

Date: _____ District #: _____ Account #: _____
(District & Account # found on SDAT)

Applicant Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I am a Dorchester County volunteer fire department member, having maintained active service for three or more years, and I have qualified for the State of Maryland Tax Incentive Program:

YES: _____ NO: _____

I own the property to which the credit will be applied, it is used as my principal residence, and I occupy the property for more than 6 months of a 12-month period:

YES: _____ NO: _____

I hereby certify that I have read Bill No. 2023-3, Chapter 144 Taxation Article XXI for Dorchester County and that I am eligible for the tax credit for the residential property described above. I understand that this is a tax credit that can be received against the County property tax. The tax credit may be granted in an amount of \$500. (See attached Bill No.2023-3)

I understand that this tax credit is available for a period of one taxable year and must be renewed each year. I understand I must re-apply each year for the tax credit to be applicable.

I understand that if my tax assessment changes for any reason, the amount of the tax credit will remain the same.

I understand that the tax credit shall be terminated if I no longer meet the eligibility requirement for a volunteer fire department member, or if I no longer reside in or own the dwelling for which the tax credit was granted.

I declare that all information above is true, correct, and complete to the best of my knowledge and belief.

I give the Dorchester County Government, and the State Department of Assessments and Taxation, permission to take whatever action is necessary to verify my eligibility for the tax credit.

Applicant: _____
Signature Date

Submit completed application and supporting documents (including the Tax Incentive Form MSFA - P.2.2.) to the Dorchester County Finance Department by May 1st of each year.