



# Tax Sale Deferral Program

*(Formerly the Tax Sale Exemption Program)*

Baltimore City is accepting applications for the Tax Sale Deferral Program from February 15 - April 15, 2024. This program is designed to remove eligible homeowners from the current year's tax sale. Tax sale is an auction held each May at which the liens (unpaid bills) on your home may be sold and may result in the foreclosure of your home. You may be at risk of tax sale if you have unpaid property taxes, fines, or citations. (Motor vehicle citations, utility bills, and water bills do not qualify a home for tax sale.)

**PLEASE KNOW THAT THIS PROGRAM DOES NOT FORGIVE UNPAID BILLS - THE BILLS REMAIN AND MAY QUALIFY THE HOMEOWNER FOR TAX SALE IN THE FOLLOWING YEAR.**

## QUESTIONS?

To know if your home may be at risk of Tax Sale, please call 410-396-3987. If you have questions about the Tax Sale Deferral Program or the questionnaire, please email the Department of Housing and Community Development at [dhcd.taxsaleinfo@baltimorecity.gov](mailto:dhcd.taxsaleinfo@baltimorecity.gov)

## Completed Applications

If you don't complete your application on line, you can either mail or hand deliver your application. Applications are collected each morning and date stamped, and they are processed in the order in which they are received.

It is extremely important that your application is complete, and the information you provide is easily read and understood by the application reviewer.

Baltimore City sets aside \$2 million each year for this program. When an application is reviewed and accepted, the tax sale lien balance of that property is subtracted from the remaining total. The program closes when the remaining total is exhausted. While a reviewer takes time to contact an applicant for additional information or clarification, other reviewers may review and accept other applications, depleting and potentially exhausting remaining funds.

## TO MAIL YOUR APPLICATION:

Department of Housing & Community Development  
Division of Homeownership and Housing Preservation  
417 E. Fayette Street, 11th Floor  
Baltimore, MD 21202  
Attn. Tax Sale Deferral Program

## TO HAND DELIVER YOUR APPLICATION:

1. Put your application in an envelope addressed to "Tax Sale Deferral Program"
2. Bring it to 417 E. Fayette Street, 11th floor, Suite 1125
3. The office is open to accept deliveries Monday - Friday, 8:30 - 4:30
4. Applications will be date and time stamped at the time of delivery

Please answer the following questions. They will determine if you are eligible for this program. If you reach this message "then STOP," you are not eligible for this program. If you do not reach that message, then you will proceed below to the Application.

**QUESTION 1.** Have you received a Final Bill and Legal Notice from the Department of Finance **OR**, to the best of your knowledge, do you have more than \$750 in unpaid City bills? (Unpaid city bills could be unpaid property taxes, fines, or citations. They do not include motor vehicle citations, utility, or water bills.)

Yes ☐ No ☐

If your answer is "No," then STOP - you are not eligible for this program.

**QUESTION 2.** Are you a homeowner or a co-homeowner in Baltimore City?

Yes ☐ No ☐

**QUESTION 3.** Do you live in the property you own in Baltimore City?

Yes ☐ No ☐

**QUESTION 4.** Have you owned and lived in your home for at least 15 years?

Yes ☐ No ☐

**QUESTION 5.** To the best of your knowledge, does the property you own and live in have an assessment value equal to or lower than \$250,000?

Yes ☐ No ☐

If you answered “No” to **ANY** of the questions 2 through 5, then STOP - you are not eligible for this program.

**QUESTION 6.** Do you or the co-owner meet any of the following criteria:

I. Is your gross household income (before taxes) less than \$36,000?

Yes ☐ No ☐

II. Are you or the co-owner older than 65 years old and have a gross annual earned income (before taxes) of \$75,000 or less?

Yes ☐ No ☐

III. Are you or the co-owner currently receiving disability benefits from the Federal Social Security Disability Insurance program or the Supplemental Security Income program and have a gross annual earned income (before taxes) of \$75,000 or less?

Yes ☐ No ☐

If you answered “No” to **ALL** parts of question 6, then STOP - you are not eligible for this program.

(However, if you answered "Yes" to either Part I, **OR** Part II, **OR** Part III, then please proceed to the Tax Sale Deferral Application.)

# TAX SALE DEFERRAL APPLICATION

There are two parts to the following application. Part 1 asks for applicant information and documentation, and Part 2 asks for income information and documentation. Please answer the following questions as completely, accurately, and clearly as you can.

## Part 1. Applicant Information and Documentation

Name of Homeowner: \_\_\_\_\_

Name of Co-owner: \_\_\_\_\_

Property Address:

\_\_\_\_\_  
\_\_\_\_\_

Block and Lot (If known): \_\_\_\_\_

Mailing Address (if different than property address):

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Homeowner Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Co-owner Date of Birth (MM/DD/YYYY): \_\_\_\_\_

## Required Applicant Verification Documentation

Verification documentation is needed for the applicant only (the person who signs the application). Please attach copies of the following documents to your application.

Provide one example of photo ID issued by either:

- The United States Federal Government; or
- The State of Maryland
- The City of Baltimore

Provide two examples showing current address:

- Utility Bills (BGE, DPW) or
- Photo ID issued by the United States Federal Government, State of Maryland, or City of Baltimore or
- Social Security (SSA, SSDI, SSI) Award Letters

## Part 2. Income Information and Documentation

Total number of people in the household: \_\_\_\_\_

Number of: Adults \_\_\_\_\_

Number of School-aged children (K – 12) \_\_\_\_\_

Number of other children \_\_\_\_\_

---

Total Gross Household Income of all members of the household \_\_\_\_\_

**Please use the table below and enter the annual gross household income** (income before taxes and other deductions). \_\_\_\_\_

If you are 65 or older, or you receive disability benefits (SSA, SSDI or SSI), please enter *your income information only* (we do not need information of other household members):

Income Source	EXAMPLE	Applicant	Co-owner	Household Member 1	Household Member 2	Household Member 3	Household Member 4*	Total
Social Security Benefits (include SSI, SSD, etc.)	18,591							
Annual Employment	0.00							
Pension	13,205							
Unemployment Compensation	0.00							
Worker's Comensation	0.00							
Self-Employment Income	0.00							
Rental Income	0.00							
* Other	0.00							
* Other	0.00							
<b>Total</b>	<b>31,796</b>							

\*If you entered \* Other income in the table above, please specify the income source(s) here:

\*Please check here ☐ if you need to add more household members. Please write that information on the back of this page or attach a separate sheet of paper.

## Required Verification Documentation:

Please provide proof of income to all that apply to you.

Please provide proof of income that matches what you reported in the chart above.

- 2 Pay stubs from current employer (within last 2 months of employment)
- Social Security (SSA, SSDI, SSI) award letters
- Pension statements
- Unemployment/Worker's compensation statements or award letters
- Other documentation which confirms income in table above

If you do not have income to report, please check this box: ☐

Have you attached required verification documentation for your application?

Yes ☐ No ☐

**If you answered no, the City will not be able to process your application.**

☐ I declare under the penalties of perjury, that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true.

☐ I certify that all information is true and correct to the best of my knowledge.

☐ I agree that my information may be shared with other government agencies and partners in order to grant you access to all programs for which you may be eligible.

☐ I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☐ I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

☐

I agree to participate in the evaluation of this program, which will help improve the City's service delivery and potentially expand resources for rent support and affordable housing. This may involve filling out follow up surveys.

(Note: Your willingness to be contacted for program evaluation purposes will not affect your eligibility or selection for this program in any way.)

---

Signature

---

Date