

Town of Ocean City Primary Residence Incentive Program

PRIMARY RESIDENT AFFIDAVIT

I/We hereby affirm, as the legal property owner(s) of a primary residence located within the TOWN OF OCEAN CITY, MARYLAND, that the information provided on the Primary Residence Incentive Program Application form is true and correct, and further that it may be relied on to approve a BUILDING PERMIT FEE WAIVER, and/or REAL PROPERTY TAX REBATE for the property known as:

Address	Tax Parcel No
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Program incentives are subject to the terms and conditions of the approved application form, and as follows:

I/We agree to the following:

- I/We have established primary residency and occupancy within the corporate limits of Ocean City, Maryland.
- I/We shall maintain ownership and primary residency of the property listed above for five (5) years from the date of occupancy.
- I/We shall not rent the above property for 5 years from the date our Primary Residence Incentive Application is approved.
- I/We shall pay the real property taxes to be eligible for the rebate.
- I/We shall provide approval of the State Homestead Property Tax Credit designation within 12 months of the approval of their Primary Residence Incentive Program application.
- I/We understand that the Program incentives are a one-time benefit and cannot be used by the same property owners again.

I solemnly affirm that the contents of this Affidavit are true and correct as witness the hand and seal of the owner of the subject property this ____ day of _____ 20__.

Witness

Owner (Please print)

Witness

Owner's Signature

Witness

Owner (Please print)

Witness

Owner's Signature

STATE OF MARYLAND, WORCESTER COUNTY, to wit:

I hereby certify that on this ____ day of _____ 20__ before me, a Notary Public in and for the State and County aforesaid, personally appeared _____, who acknowledged the foregoing instrument to be his/her act and d e e d .

As witness my hand and official seal: _____
Notary Public

STATE OF MARYLAND, WORCESTER COUNTY, to wit:

I hereby certify that on this ____ day of _____ 20__ before me, a Notary Public in and for the State and County aforesaid, personally appeared _____, who acknowledged the foregoing instrument to be his/her act and d e e d .

As witness my hand and official seal: _____
Notary Public

My Commission Expires: