

Rafiu O. Ighile, CPA, CGMA, MBA Director of Finance righile@howardcountymd.gov

FAX 410-313-4064 TDD 410-313-2323

In accordance with the provisions of Section 20-129C of the Howard County Code and §9-250 of the Tax-Property Article of the Annotated Code of Maryland, the owner of Real Property may receive a property tax credit against the County property tax for a feature that is installed on an existing residence that is the owner's principal residence when the feature is installed.

List of Accessibility Features Eligible for Livable Homes Tax Credit

- A no-step front entrance with a threshold that does not exceed ½ inch in depth with tapered advance and return surfaces or, if a no-step front entrance is not feasible, a no-step entrance to another part of the residence that provides access to the main living space of the residence **PERMIT REQUIRED**
- An installed ramp creating a no-step entrance **PERMIT REQUIRED**
- An interior doorway that provides a 32-inch wide or wider clear opening PERMIT REQUIRED
- An exterior doorway that provides a 36-inch wide or wider clear opening but only if accompanied by exterior lighting that is either controlled from inside the residence, automatically controlled, or continuously on **PERMIT REQUIRED**
- Walls around a toilet, tub, or shower reinforced to allow for the proper installation of grab bars with grab bars installed in accordance with the ADA Standards for Accessible Design **PERMIT REQUIRED**
- 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 a room; open and close the door; and operate each fixture or appliance **PERMIT REQUIRED**
- An exterior or interior elevator or lift or stair glide unit PERMIT REQUIRED
- An accessibility-enhanced bathroom including, but not limited to, a walk-in or roll-in shower or tub, builtin shower seats, and lowered seats - **PERMIT REQUIRED**
- Alarms, appliances, and controls structurally integrated into the unit to assist an individual with a sensory disability NO PERMIT REQUIRED
- An accessible path between parking and the home that meets standards set forth in the American with Disabilities Act **PERMIT REQUIRED**
- A "no-step" access to any entrance on an accessible route **PERMIT REQUIRED**
- Railings for hallways or interior or exterior steps or the improvement of stair design **PERMIT REQUIRED**



Rafiu O. Ighile, CPA, CGMA, MBA Director of Finance righile@howardcountymd.gov

FAX 410-313-4064 TDD 410-313-2323

- Hallways that are at least 36-inches wide **PERMIT REQUIRED**
- A master bedroom and master bathroom on the first floor PERMIT REQUIRED
- Smooth transitions between rooms, i.e., a vertical threshold of 2 inches or less NO PERMIT REQUIRED
- Slip-resistant flooring NO PERMIT REQUIRED
- Lever handles on kitchen and bathroom sinks or showers and interior and exterior doors NO PERMIT REQUIRED
- The relocation of switches, doorbells, thermostats, and breaker boxes so that they are no more than 48 inches above the floor or electrical receptacles so that they are at least 15 inches above the floor **PERMIT REQUIRED**
- Closet renovations for accessibility including, without limitation, closet rods that adjust from 3 feet to 5 feet 6 inches NO PERMIT REQUIRED
- Anti-scald devices **PERMIT REQUIRED**
- Any feature that the County requires particularly for age-restricted adult housing PERMIT REQUIRED

Application must include:

- A completed Certification Form with signature of both the Contractor and the property owner.
- Receipts for claimed expenditures related to the installation of the feature.
- Copy of permit, if required.
- Photographs of both before and after installation for any feature not requiring a permit, showing that the feature meets the requirements of the credit.

Eligible Costs:

- Must be incurred within 12 months before the application of the credit
- Are for an authorized feature, including reasonable costs to install the feature
- Were paid by the applicant and were not, and will not be, reimbursed by any entity
- Exceed a total of \$500
- Include any age friendly assessment done by a certified aging in place specialist, not exceeding \$100



Rafiu O. Ighile, CPA, CGMA, MBA Director of Finance righile@howardcountymd.gov

FAX 410-313-4064 TDD 410-313-2323

LIVABLE HOMES TAX CREDITAPPLICATION FOR ACCESSIBILITY FEATURES

The application shall be filed no later than April 1 prior to the first taxable year for which the credit is sought.

A property may only receive one Livable Home credit during a single tax year. The credit allowed is the lesser of 100% of eligible costs (as defined in list of accessibility features section) or \$2,500. Should the credit exceed the County property tax in the year of eligibility, the remaining portion will be applied to future years. **If the credit is not granted in time for your initial July billing, please pay your full 1st installment in a timely manner to avoid interest charges. Your credit will be applied toward your 2nd installment or refunded if your bill is paid in full.**

Date of Application	Tax Year begin	nning Property Account Nu		
Owner's Name	1	Property Address		
Mailing Address			Phone Number	
Email Address				
Reason for Modification:	Occupant with DisabilityAging OccupantFrequent Aging VisitorOther (Please specify)	Increased Planning	with frequent Disabled Visitor Sales Appeal for Future Needs	
Household Income Range	(Please Check One): \$0 - \$50,000 □	\$50,001 - \$100,000 🗆	\$100,001 - \$250,000 🗆	\$250,001 + □
Copies of Eligible Receipt	s Attached:			
Copy of Building Permit A	Attached:			
		Signat	ure of Owner	
All applications should be mailed to: Director of Finance Division of Property Tax Accounting Attn: Livable Homes Credit P.O. Box 3370 Ellicott City, MD 21041-3370		Contact Information: Phone: (410) 313-2062 Hours: Monday – Friday 8 a.m. – 5 p.m. Email: taxcredit@howardcountymd.gov Website: www.howardcountymd.gov/finance/tax-credits		
	(Do Not V	Vrite Below This Line)		
Approved:				
Eligible Costs: <u>\$</u>			f Credit <u>\$</u>	-
Credit Allocation: Tax Year: 20		Tax Year <u>20</u>		



Rafiu O. Ighile, CPA, CGMA, MBA Director of Finance <u>righile@howardcountymd.gov</u>

FAX 410-313-4064 TDD 410-313-2323

Livable Homes Tax Credit Certification Form

A. Modification Feature

Description of Feature Installed_____

B. Installation Contractor Information			Self-Installed 🗆
Installation Contractor Name:		Cor	npany Name:
Contractor's Md. License #:		Type of License:	
Company Mailing Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Installation Date:			

C. Hardware and Installation Compliance and Inspection (MUST HAVE BUILDING PERMIT PRIOR TO INSTALLATION)

Please check all applicable statements.

the modification has been installed in compliance with applicable requirements of Howard County codes.

Permit	#:	
--------	----	--

Inspection Date: _____

D. Contractor Acknowledgement

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland and that all of the contents of the foregoing certification are true to the best of my knowledge, information, and belief. Signature (Contractor): ______Date: _____

Name (Print):

____Company:____



Rafiu O. Ighile, CPA, CGMA, MBA Director of Finance righile@howardcountymd.gov

FAX 410-313-4064 TDD 410-313-2323

E. Eligible Costs

Total Cost of Modification Feature Amount Reimbursed by Insurance or other Entity _____ Entity Name_____

Remaining Costs of Modification Feature Incurred

___(*Please attach receipts*)

F. Owner Acknowledgement

I solemnly affirm under penalties of perjury that I am the owner of the real property in Howard County identified in Paragraph A and have incurred the costs above within the 12 months preceding this application, and that the contents of the foregoing certification are true to the best of my knowledge, information, and belief.

Signature:	Date:
•	

G. For DILP Office Use Only

- □ The modification feature(s) installed meets with applicable eligibility standards.
- The modification feature(s) has/have been installed in accordance with the Howard County Building Code.

DILP Signature: _____ Date: _____