**OFFICE USE ONLY** 



IMPORTANT INFORMATION (Read Carefully):





MAIL APPLICATION TO: Licensing and Registration • 1401 Rockville Pike, 4th Floor • Rockville, Maryland 20852

Telephone 240-777-0311 • TTD 240-777-3679

 $\underline{www.montgomerycountymd.gov/dhcalicensing * licreg.intake@montgomerycountymd.gov}$ 

**FEE** is Not Prorated

## RENTAL HOUSING LICENSE APPLICATION SINGLE FAMILY AND CONDOMINIUM

Incomplete applications will delay the license.	FEES EFFECTIVE JULY 1, 2015	
Application MUST be signed.	\$101.00 \$59.00	Entered By
Application MUST include payment.      Payment: Check or Money Order only.	☐ Single Family ☐ Garden Style Condo	
Payment: Check or Money Order only     Payable to: Montgomery County MD	<ul> <li>□ Townhouse/□Back to Back □ High Rise Style Con</li> <li>□ Duplex/□Quadraplex</li> <li>□ Piggyback Townhou</li> </ul>	do
Refund requests must be made in writing within 90 days of		Dehosit py
payment and include documentation from bank institution	[This is an annual fee] Fiscal Year: July 1 to June	30
RENTAL PROPERTY INFORMATION:  Name of Community Association		
☐ I affirm that I am current on my homeowners or conc		11.97
Rental Street Address		Unit #
City	<u>MD</u> Zip Code Dat- {If w	e of Purchase (date) ithin 6 months, include HUD-1/Closing Form}
Start Date of Rental Rent S	•	
# of Occupants # of Kitchens		Basement Bedrooms
Is Tenant Related to Owner? YES □ NO □ If so, how	is tenant related? Name of	Relative
Is this a New Owner/Transfer of Existing License? YES □		
Primary Owner (Salutation)		<u> </u>
Primary Owner (Salutation) Street Address	[A Legal Agent Is Re	quired If you use PO Box or Out of State
Primary Owner (Salutation) Street Address City	[A Legal Agent Is Re	equired If you use PO Box or Out of State
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F	[A Legal Agent Is ReState Country Cellular Phore	equired If you use PO Box or Out of State
Primary Owner (Salutation)  Street Address  City Home F Fax #	[A Legal Agent Is Re	equired If you use PO Box or Out of State
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F	[A Legal Agent Is ReState Country Cellular Phore	equired If you use PO Box or Out of State
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F Fax #_  Email Address: (Please Print)	State Country Cellular Phore	required If you use PO Box or Out of State  Zip Code  ne #
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F  Fax #_  Email Address: (Please Print)  ***Must provide contact information	[A Legal Agent Is ReState Country Cellular Phore	required If you use PO Box or Out of State  Zip Code  ne #
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F  Fax #_  Email Address: (Please Print)  ***Must provide contact information	State Country Cellular Phone # Cellular Phone # con owners and/or general partner. Please provide on a gent is required for Corporate Ownership]	required If you use PO Box or Out of State  Zip Code  ne #
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F  Fax #_  Email Address: (Please Print)  ***Must provide contact information  CORPORATION INFORMATION: [Resident A	State Country  Phone # Cellular Phone  on owners and/or general partner. Please provide on a significant is required for Corporate Ownership]	required If you use PO Box or Out of State  Zip Code  ne #
Primary Owner (Salutation)  Street Address  City  Work Phone # Home F Fax #  Email Address: (Please Print)  ***Must provide contact information  CORPORATION INFORMATION: [Resident A	State Country Cellular Phone # Cellular Phone # on owners and/or general partner. Please provide on agent is required for Corporate Ownership]	required If you use PO Box or Out of State  Zip Code  ne #
Primary Owner (Salutation)  Street Address  City Home F	State Country Cellular Photomore # Cellular Photomore	zip Code ne # separate sheet***

Email Address: (Please Print)

AGENT or MANAGEMENT INFORMATION: *Adn	ministrative Agent □ Management □
Agent/Management Name	*(Administrative Agent will receive all renewal bills)
Company Name:	
Street Address	
City State _	Country Zip Code
Work Phone# Cellular Phone #	# Fax Phone #
Email Address: (Please Print)	
*Resident or Legal Agent:  * * * * * Legal Agent REQUIRED – If owner do	oes not live in the State of Maryland or using a PO Box* * * * *
Resident/Legal Agent Name	(Must be any Maryland Resident – Cannot be Tenant
Company Name:	
Street Address	
City	State <u>MD</u> Zip Code
Work Phone# Cellular Phone #	# Fax Phone #
Email Address: (Please Print)	
Legal Agent's Signature Required	Date
Maryland State law requires all owners renting residential probefore January 1, 1978, it is required to be tested for lead potential. Is the property built before January 1, 1978?  YES I	POISONING PREVENTION  Properties to register the rental property with MDE. If the property was built poisoning. [Statutory requirements of <i>Article 24, Political Subdivisions, 19-103</i> ]  NO Year Built:
If the answer is YES, please complete questions.	
2. Is this property registered with MDE? YES ☐ NO ☐ Tracking #:	☐ If NO, contact MDE 1-800-633-6101 to register.
3. Is the registration current? YES □ NO □	
4. What is the Lead Inspection Certificate # for current tenancy:	
Mail a photocopy of lead inspection certificate with application. For Maryland Department of Environment at 1-800-633-6101 ext. 4199	r more information on requirements for obtaining your lead inspection certificate, contact of a contact of the
result in having this rental license application denied and information on this application is true to the best of my kn	uthorization to sign on behalf of the owner. I understand that falsifying information can the property will not be licensed to rent. I affirm under penalty of perjury that the nowledge and belief. I also understand that if there are changes in property ownership, notify MC/DHCA Licensing and Registration within 10 day of the change. I also
X Authorized Signature	Date
Authorized Signature	
Print or Type Name of Person Signing	
Please note: If your check is returned unpaid, your account will be debited electronically for the or authorization of these transactions.	original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constit