



PROFILE INFORMATION UPDATE FORM
 Department of Housing and Community Affairs, Licensing and Registration
 1401 Rockville Pike, 4th Floor, Rockville, Maryland 20852
FAX 240-777-3699



License/Registration#:

Property Address:

Thank you for your assistance in confirming/correcting current license information.

Number of Residential Rental Units: _____		
Ownership Type: (select from drop down box)		
Primary Contact/Owner Information: (sole proprietor, corporation, partnership*, LLC* or Trust should be listed here) *Provide all partners/members holding 10% or more interest below.		
First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip Code _____
Day Phone _____	Cell Phone _____	Fax _____
Email _____		
Administrative Agent: (contact for invoices and correspondence)		
Company Name _____		
Contact First Name _____	Contact Last Name _____	
Address _____		
City _____	State _____	Zip Code _____
Day Phone _____	Cell Phone _____	Fax _____
Email _____		
Management: (day-to-day management of rental facility)		
Company Name _____		
Contact First Name _____	Contact Last Name _____	
Address _____		
City _____	State _____	Zip Code _____
Day Phone _____	Cell Phone _____	Fax _____
Email _____		
Resident/Legal Agent: (When owner does not reside in Maryland. Cannot be tenant; resides in the State of Maryland)		
First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip Code _____
Day Phone _____	Cell Phone _____	Fax _____
Email _____		

Signature of Primary or Resident/Legal Agent Contact

Primary Contact Name
Resident/Legal Agent Name

Primary Contact Signature
Resident/Legal Agent Signature

Date

Partnership or Limited Liability Company or Corporation

All Partnership or Limited Liability Companies or Corporations must provide name and contact information of the General Partner/Member and Members who own **more than 10%** of said company. This cannot be the Property Manager unless they are the General Partner/Member.

Name of Partnership/LLC/Corporation: _____

General Partner/Member Name: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

General Partner/Member Name: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

General Partner/Member Name: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Trustee

All Trusts must provide name and contact information of the Trustee.

Name of Trustee: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Trustee

All Trusts must provide name and contact information of the Trustee.

Name of Trustee: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____