



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



Rental License#:

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 on page 2 .

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 or uses a P.O. Box Cannot be tenant; reside in the State of Maryland)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Signature of Owner is Required

Print Owner Name

Owner Signature (Required)

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. **Resident Agent is required provide information on previous page.**

Name of Partnership/LLC: _____

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

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____ Fax _____

Email _____

Name of 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 _____