License No.

(For Office Use Only)



MONTGOMERY COUNTY DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



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

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

www.montgomerycountymd.gov/dhcalicensing

RENTAL FACILITY LICENSE APPLICATION Multi-Family Apartment Complex

IM	PORTANT INFORMATION (Read Carefully):	OFFICE USE ONLY
•	Incomplete applications will delay the license. Application MUST be signed.	Entered By
•	Application MUST be mailed with payment.	Date Entered
•	Payment: Check or Money Order only Payable to: Montgomery County MD	Deposit By
•	Refunds requests must be made in writing within 90 days of payment and include documentation from bank institution	Year Built

The licensing year is **July 1 through June 30** and **fees cannot be prorated**. The annual license fee is \$52.00 per rental unit. Please calculate the total amount due as follows:

Total Number of Residential Rental Units

(Do Not include Units used for Offices or Models)

Complete Rent Roll for all rental units (Including apartment number if applicable) MUST Accompany every Application!

Per unit License Fee X \$52.00

TOTAL AMOUNT DUE

Is this a New Owner/Transfer of Existing License? Yes / No

\$10 per unit Transfer Fee Due for New Owners buying Licensed Property (Must apply within 15 days of purchase or full Fiscal Year fee is due per unit)

Complied with Rights of First Refusal (ROFR)? Yes / No

RENTAL PROPERTY INFORMATION:

Street Address				Unit #
City				
Please provide owr	ner information in the appropri	ate section	ORMATION only. For additional ow ip (Individual)	ners please use separate sheet.
wner's Name (Salutation)		•	,	
Street Address				
Dity		_ State	Country	Zip Code
Daytime Phone	Evening Phone _		Cell	ular Phone
	Fax #			

Nome of Complex

Partnership or Limited Liability Company Must provide contact information on owners and/or general partner. Please provide on separate sheet.

Name of Partnership or LLC										
General Partner's Name										
Street Address										
City	State	Country	Zip Code							
Daytime Phone	Cellular Phone #		Fax Phone #							
Email Address: (Please Print)										
		orporation ired for Corporate Owners	hip							
Name of Corporation										
Name of President										
Street Address										
City		State	Zip Code							
Daytime Phone	Cellular Phone		Fax Phone #							
Email Address: (Please Print)										

Trust

Name of Trust																						
Trustee's Name																						
Street Address										-												
City														S	tate _	 		Zip Co	ode	 	 	_
Daytime Phone						(_ Cellular Phone							 Fa	x Pho	ne # _		 	 	_		
Email Address: (Please Print)																						
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AGENT OR MANAGEMENT INFORMATION

Contact name or address changes MUST be reported to the Department within 10 days of the change.

Agent/Management Name				*(Administrativ	ve Agent w	ill rece	ive all	renev	val bill	s)		
Company Name:												
Street Address												
City	_ State	Country Zip Code										
Daytime Phone		_ Fax P	hone									
Email Address: (Please Print)												

LEGAL AGENT

The law requires all owners assign a Legal Agent who resides in Maryland to receive legal service of process. Owners residing in Maryland may designate themselves. Owners who do not reside in Maryland **MUST** designate a Legal Agent.

The Legal Agent cannot be your tenant. You must provide the Legal Agent's **MARYLAND** address. The Legal Agent **MUST** sign below to accept responsibility as agent.

_____ Owner designates self as Legal Agent and resides in **MARYLAND** (Address provided under Ownership Information)

Owner designates the below named Maryland resident as Legal Agent

Legal Agent Name					
Street Address					
City	State	MD	_ Country	Zip Code	
Daytime Phone	Cellular Phone			Fax Phone	
Email Address: (Please Print)					

I understand and accept responsibility as Legal Agent for service of legal process:

X Legal Agent Signature	Date					
Lease Agreem	ent					
I have attached a copy of the lease agreement being offered to prospective tenants, including all lease addenda, rules and regulations and rental application forms referenced in the subject lease						
<u>or</u>						
I will be using the County's sample lease agreement approved by the Montgomery County Commission on Landlord-Tenant Affairs						
Ratio Utility Billing System						

Are you using a Ratio Utility Billing System (RUBS)? ____ Yes ____ No *If yes, please complete the RUBS form

MARYLAND DEPARTMENT OF ENVIRONMENT LEAD POISONING PREVENTION

NOTE: All multi-family properties built before 1978 MUST list Lead Inspection Certificate #'s for each rental unit.

Maryland State law requires all owners renting residential properties to register the rental property with MDE. If the property was built before January 1, 1978, it is required to be tested for lead poisoning. [Statutory requirements of *Article 24, Political Subdivisions, 19-103*]

If answer to question #1 is NO, DO NOT answer questions 2, 3, & 4. You do not have to register your property with MDE.

YES INO Year Built:

If NO, contact MDE 1-800-633-6101 to register.

If the answer is YES, please complete questions.

2. Is this property registered with MDE? YES INO Tracking #: _____

1. Is the property built before January 1, 1978?

3. Is the registration current? YES □ NO □

4. What is the Lead Inspection Certificate # for current tenancy: _____

<u>Mail a photocopy of lead inspection certificates with application</u>. For more information on requirements for obtaining your lead inspection certificate, contact Maryland Department of Environment at 1-800-633-6101 ext. 4199 or 410-537-4199 or <u>www.mde.state.md.us/lead</u>.

AUTHORIZED SIGNATURE OF APPLICATION LICENSE:

By my signing this application, I am the owner or have authorization to sign on behalf of the owner. I understand that falsifying information can result in having this rental license application denied and the property will not be licensed to rent. I affirm under penalty of perjury that the information on this application is true to the best of my knowledge and belief. I also understand that if there are changes in property ownership, owner address, or agent/contact information that I must notify MC/DHCA Licensing and Registration within 10 day of the change. I also understand penalty can be assessed in a civil citation of \$500 if the rental property is not licensed.

Authorized Signature

Date

Print or Type Name of Person Signing

Please note: If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions.

HAS THE OWNER:

- ____Enclosed a copy of the rent roll for this multi-family?
- Signed the Application?
- ____Designated a Legal Agent in Maryland?
- Enclosed a copy of property Lead Inspection Certificates?
- Enclosed copy of lease being used (with addenda) or confirmed using County's sample lease?
- Enclosed Payment?
- ___Made Check Payable to Montgomery County, Maryland?