



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 HOUSING LICENSE APPLICATION
SINGLE FAMILY AND CONDOMINIUM

<p>IMPORTANT INFORMATION (Read Carefully):</p> <ul style="list-style-type: none"> • Incomplete applications will delay the license. • Application MUST be signed. • Application MUST include payment. • Payment: Check or Money Order only • Payable to: Montgomery County MD • Refund requests must be made in writing within 90 days of payment and include documentation from bank institution 	<p>FEE is Not Prorated FEES EFFECTIVE JULY 1, 2023</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">\$125.00</td> <td style="width:50%;">\$70.00</td> </tr> <tr> <td><input type="checkbox"/> Single Family</td> <td><input type="checkbox"/> Garden Style Condo</td> </tr> <tr> <td><input type="checkbox"/> Townhouse/<input type="checkbox"/>Back to Back</td> <td><input type="checkbox"/> High Rise Style Condo</td> </tr> <tr> <td><input type="checkbox"/> Duplex/<input type="checkbox"/>Quadraplex</td> <td><input type="checkbox"/> Piggyback Townhouse</td> </tr> </table> <p>[This is an annual fee] Fiscal Year: July 1 to June 30</p>	\$125.00	\$70.00	<input type="checkbox"/> Single Family	<input type="checkbox"/> Garden Style Condo	<input type="checkbox"/> Townhouse/ <input type="checkbox"/> Back to Back	<input type="checkbox"/> High Rise Style Condo	<input type="checkbox"/> Duplex/ <input type="checkbox"/> Quadraplex	<input type="checkbox"/> Piggyback Townhouse	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Entered By _____</p> <p>Date Entered _____</p> <p>Deposit By _____</p>
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RENTAL PROPERTY INFORMATION:

Name of Community Association _____
 I affirm that I am current on my homeowners or condominium dues and fees

Rental Street Address _____ Unit # _____

City _____ **MD** Zip Code _____ Date of Purchase (date) _____
{If within 6 months, include HUD-1/Closing Form}

Start Date of Rental _____ Rent \$ _____ Year Built _____

of Occupants _____ # of Kitchens _____ # of Bedrooms _____ # of 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 NO - **\$10** Transfer Fee for New Owners assuming Licensed Property

OWNER INFORMATION:

*****Sole Ownership** **Trust** *****Partnership/LLC** **Corporation**

Primary Owner (Salutation) _____

Street Address _____ **[A Legal Agent Is Required If you use PO Box or Out of State]**

City _____ State _____ Country _____ Zip Code _____

Work Phone # _____ Home Phone # _____ Cellular Phone # _____
 Fax # _____

Email Address: (Please Print)

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Must provide contact information on **owners** and/or **general partner**. Please provide on separate sheet

CORPORATION INFORMATION: [Resident Agent is required for Corporate Ownership]

Corporation Name _____

Executive's Name _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Office Phone # _____ Cellular Phone # _____ Fax # _____

Email Address: (Please Print)

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