License No. _____
(For Office Use Only)

MONTGOMERY COUNTY
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

DHCA

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

IMPORTANT INFORMATION (Read Carefully):

- Incomplete applications will delay the license.
- Application MUST be signed.
- Application MUST be mailed with payment.
- Payment: Check or Money Order only
- Payable to: Montgomery County MD
- Refunds requests **must** be made in writing within **90 days** of payment and include documentation from bank institution

OFFICE USE ONLY

Entered By_____

Date Entered _____

Deposit By _____

Year Built_____

The licensing year is **July 1 through June 30** and **fees cannot be prorated**.
The annual license fee is $47.00 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 $47.00

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:

Name of Complex _____

Street Address _____ Unit # _____

City _____ **MD** ____ Zip Code _____

OWNERSHIP INFORMATION

Please provide owner information in the appropriate section only. For additional owners please use separate sheet.

Sole Proprietorship (Individual)

Owner's Name (Salutation) _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cellular Phone_____

Fax #_____

Email Address: (Please Print)

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)

Corporation

Legal Agent is required for Corporate Ownership

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 _____ State _____ Zip Code _____

Daytime Phone_____ Cellular Phone _____ Fax Phone # _____

Email Address: (Please Print)

AGENT OR MANAGEMENT INFORMATION

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

Agent/Management Name _____*(Administrative Agent will receive all renewal bills)

Company Name: _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Daytime Phone_____ Cellular Phone _____ Fax Phone _____

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 Agreement

___ 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

or

___ I will be using the County's sample lease agreement approved by the Montgomery County Commission on Landlord-Tenant Affairs

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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*]

1. Is the property built before January 1, 1978? YES ☐ NO ☐ Year Built: _____

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

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 certificates with application. 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 www.mde.state.md.us/lead.

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.*

X_____ **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 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?**