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 HOUSING LICENSE APPLICATION
SINGLE FAMILY AND CONDOMINIUM

IMPORTANT INFORMATION (Read Carefully):

- 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

FEE is Not Prorated
FEES EFFECTIVE JULY 1, 2015

$101.00	**$59.00**
☐ Single Family	☐ Garden Style Condo
☐ Townhouse/☐Back to Back	☐ High Rise Style Condo
☐ Duplex/☐Quadraplex	☐ Piggyback Townhouse

[This is an annual fee] **Fiscal Year: July 1 to June 30**

OFFICE USE ONLY

Entered By_____

Date Entered _____

Deposit By _____

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? _____

Is this a New Owner/Transfer of Existing License? YES ☐ NO ☐ - $5 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)

****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)

AGENT or MANAGEMENT INFORMATION: ***Administrative Agent ☐** **Management ☐**

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

Company Name: _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

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

Email Address: (Please Print)

***Resident or Legal Agent:**

*** * * * * Legal Agent REQUIRED – If owner does not live in the State of Maryland or using a PO Box* * * * ***

Resident/Legal Agent Name _____ (***Must be any Maryland Resident – Cannot be Tenant***)

Company Name: _____

Street Address _____

City _____ State ____MD_____ Zip Code _____

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

Email Address: (Please Print)

Legal Agent's Signature Required _____ **Date** _____

MARYLAND DEPARTMENT OF ENVIRONMENT (MDE)
LEAD POISONING PREVENTION

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 certificate 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.