



License No. _____

(For Office Use Only)

MONTGOMERY COUNTY
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



MAIL APPLICATION TO: Licensing and Registration • 100 Maryland Avenue, 4th Floor • Rockville, Maryland 20850

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

www.montgomerycountymd.gov/dhcalicensing * licreq.intake@montgomerycountymd.gov

RENTAL HOUSING LICENSE APPLICATION
SINGLE FAMILY AND CONDOMINIUM

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

FEE is Not Prorated
FEES EFFECTIVE JULY 1, 2015

- \$101.00 Single Family
\$59.00 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 _____

Please email me license confirmation

*Email Address: (Please Print)

Grid for email address input

confirmations are not emailed if information is missing

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 _____ Recent Purchase (date) _____
(If so, copy of HUD-1 form required)

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

of Occupants _____ # of Kitchens _____ # of Bedrooms _____ # of Basement Bedrooms _____

Relative Occupied? YES NO Circle Relationship: Spouse, Sibling, Parent, Child, Grandparent, Grandchild

OWNER INFORMATION: Sole Ownership Trust Partnership/LLC Corporation

Primary Owner (Salutation) _____

Street Address [A Legal Agent 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)

Grid for email address input

Must provide information for all owners and/or partners/members holding 10% or more interest. 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)

Grid for email address input

