

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877

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RENTAL HOUSING LICENSE APPLICATION

SINGLE FAMILY DWELLING OR CONDOMINIUM

All information must be complete and accompany licensing fee to initiate processing of application

SUBJECT PROPERTY

Street Address _____ Unit No. _____

Year Built _____ *If structure was built prior to 1978, please complete last section.*

PROPERTY OWNER *(Must differ from subject property)*

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

PROPERTY MANAGER *Information should only be provided if an agent will represent the owner as the property manager. All information will be provided to the agent if this section is completed.*

Business Name _____

Primary Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

TENANT INFORMATION

Name _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

Number of Occupants _____ Monthly Rent _____

_____ Initial Here if Tenant is Allowed to Change Inspection Date/Time. *(Owner/Agent could be subject to re-inspection fees if tenant fails to keep the appointment).*

PROPERTIES BUILT PRIOR TO 1978 *(check all that apply)*

- Property is Registered with Maryland Department of the Environment (MDE)
- Property Registration with MDE is Current (please provide MDE Tracking No.) _____
- *A Person "at Risk" Resides Here *(a child under age 6, or a pregnant woman)* *Must include Statement of Compliance
- Current Tenant Moved in After 2/24/1996 (please provide Lead Inspection Certificate) _____

Is the property part of a local Home Owner's Association or Condo Association? (Select One) YES* NO

**If yes, by signing this document, I certify that my association fees are current and/or not more than 30 days past due AND there is no outstanding final adjudication against me/us for failure to pay said fees to the governing association.*

Association Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number: Work _____ E-mail Address _____

Property Owner/Agent Signature _____ **Date** _____