



Town of Hampstead

Rental Housing License Application



RENTAL PROPERTY ADDRESS

Our records indicate that this property is a residence and this property is being rented by the property owner. If the property is not being rented, please fill out Section I.

SECTION I : EXEMPTION

If one of the statements below is true, you are exempt and do not need to license the property or pay the fee. Check all that apply.

- I no longer own this property DATE OF SALE _____
- No one is living at this property.
- I am renting this property to a family member and I am not charging them rent.
- No one is renting this property.

I do solemnly declare or affirm under penalty of perjury that this property is not a rental property and that the above is true.

Owner's Signature: _____ Date: _____

- If you are renting the property, please fill out the remainder of the application and return with the appropriate fee and documents -

SECTION II : OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

SECTION III : AGENT INFORMATION

(NOTE: If the owner resides out of State, the owner **must** name an agent living within the State of Maryland)

Agent Name: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

SECTION IV : FEES

Number of Units*: _____ **x \$75 fee for each unit = Total Fees Due:** _____

**Number of Units per one property being charged a fee is capped at 20 units. If this property has more than 20 rental units, please fill in 20 and the fee is for only 20 units.*

Make checks payable to the Town of Hampstead

SECTION V : TENANT INFORMATION

UNIT NUMBER	NUMBER OF OCCUPANTS	PRINCIPAL TENANT	CONTACT PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the tenant information for each residential unit. (If more than 4 units please continue using a blank sheet)

SECTION VI : MDE LEAD POISONING PREVENTION REQUIREMENTS

All owners must provide the following information before a Rental Housing License Application is approved to operate a rental unit within the Town of Hampstead. Additional information regarding lead poisoning prevention and compliance can be obtained from the Maryland Department of the Environment website at www.mde.state.md.us or by calling 410-537-4199 or 1-800-633-6101.

Photocopies of inspection certificates must be submitted with this Rental Housing License Application for those units built before January 1, 1978.

1. Was the rental unit built prior to January 1, 1978? Yes No

If the answer to #1 is NO, proceed to Section VII.

2. If "Yes" to #1 above, has the property been registered? Yes No

3. If "Yes" to #1 above, is the property registration renewal current for this year? Yes No

4. Provide the tracking number (formerly referred to as the owner registration number). _____

5. Did the current tenant move in on or after January 1, 2015? Yes No

6. If "Yes" to #5, provide the Lead Inspection Certificate Number for the current tenancy as required under 6-815(c) of the Environment Article. _____

7. After 2/24/06, all affected properties in which a person at risk resides or regularly spends 24 hours per week, and of whom the owner has been notified in writing, must satisfy the risk reduction standard specified in 6-815(a) of the Environment Article. A person at risk is a child under the age of 6 years or a pregnant woman. Copy of statement of compliance attached? Yes No

8. If the property has been designated as "Lead Free" under the requirements of 6-804 of the Environment Article, please provide the Lead Free Certificate Number. _____

SECTION VII : OWNER/AGENT SIGNATURE

I hereby acknowledge that I have read and will comply with the Town of Hampstead Rental Housing Code (Chapter 80) and Town of Hampstead Nuisances Code (Chapter 95) and all applicable provisions of the code of the Town of Hampstead, all of which are applicable to the rental of my property. Hampstead Town Code: <https://ecode360.com/HA1081>

I hereby affirm under penalty of perjury that the information on this application, both for a rental facility license and with regard to lead poisoning prevention, is true to the best of my knowledge and belief. I also understand if there are any changes in property ownership, owner address or agent/contact information I will notify the Town of Hampstead within 10 days of the change.

Owner/Agent Signature

Date

Print Name Of Person Signing

FOR OFFICE USE ONLY

Date Received: _____ License #: _____

Exempt Notes: _____

Expires 8/31/2025