FOR OFFICE USE ONLY Receipt Date	
Payment Amt \$	
License #	



RENTAL HOUSING APPLICATION

2022-2023

Town of Manchester 3337 Victory Street P.O. Box 830

Expiration Date	Manchester, Md 21102 410-239-3200						
THE FOLLOWING MUST BE RETURNE Application with all information comp "Town of Manchester" in the amount unsigned applications will be returned	leted. (2) Applicable of rental license fee d and the unit(s) will	Lead inspection (s) due. Signature not be issued a l	certificate(s) for each t es must be original. Inc license.	unit. (3) Check payable to complete, unpaid, or			
*Fees: The Rental License fee is \$1 sixty (60) days, \$150 per unit (61) to making changes in information on a (2) two year license and will expire 12.	o (90) days, after 90 n existing license.	0 days \$200 per	unit will be charged.	There is no charge for			
RENTAL PROPERTY ADDRESS	S :						
Our records indicate that this propert the property is not being rented, plea			being rented by the pr	operty owner. If			
	ny of the statemen property or pay th			nd do not need to license			
No one is re	ving at this proper enting this propert g this property to a	y .	r and I am not chargi	ng them rent			
I do solemnly declare or affirm under	penalty of perjury th	at this property is	s not a rental property a	and that the above is true.			
Owner's Signature	Owner's Signature Date						
-	anarti, nlago	a fill aut th	a ramaindar af	the emplication			
If you are renting the prand return with appropri				the application			
Choose One:	Multi-Family	Dwelling	Single	e Family Dwelling			
NUMBER OF UNITS:							
Please state the name of the tenan	nt for each residen	tial unit. (If mor	e than 4 units use co	ntinuation sheet)			
Unit #1:		Unit #2:					
Unit #3:		Unit #4:					
Section II: Owner Information	<u>n</u> :						
PROPERTY OWNER:							
OWNERS MAILING ADDRESS:							
CITY:		STATE:	ZIP:				
HOME PHONE #	CELL	PHONE#					
EMAIL:							

Section III: Property Agent Information:

resides more than 50 miles outside the to	own limits.		
AGENT NAME:			
MAILING ADDRESS:			
CITY:	STATE:		ZIP:
HOME PHONE #	CELL PHONE#		
Section IV: Fees***:	_		
Number of Dwelling Units:	FeeEnclose		
****Fees: The Rental License fee is \$200 per thirty (30) to sixty (60) days and, \$300 per changes in information on an existing licen will expire December 31, 2023.	unit if paid beyond	sixty (60) days. The	re is no charge for making
Section V: MDE Lead Poisoning Prev	ention Requirer	nents:	
All owners must provide the following informatio rental unit within the Town of Manchester. Addit be obtained from the Maryland Department of the 4199 or 1-800-633-6101.	ional information reg	arding lead poisoning	prevention and compliance can
Photocopies of inspection certificates must units built <u>before January 1, 1978.</u>	be mailed with this	Rental Housing Lice	nse Application for those
1. Was the rental unit built prior to January 1, 19 * If you answered yes to question #1, please and		Year of Coruestions 2 through 4.	nstruction
2. Is this unit registered with MDE? Y * If you answered No, contact MDE to complete	· · · · · · · · · · · · · · · · · · ·	DE Tracking #	our unit.
3. Is your MDE registration current with MDE an * If no, please contact MDE tor registration requ	•	N	
4. Lead Certificate # for CURRENT tenant:			
Section VI: Owners Certification			
I hereby certify and agree as follows (1) that I ar application; (2) that I will comply with the Town of Manchester Property Maintenance (Chapter 147 of which are applicable to the rental of my proper for rent or allow any rental unit to be occupied we requirements of the Town Code constitutes a membrane Manchester Code.	of Manchester Renta 7) and all applicable erty. (3) It is a violatio vithout a valid Rental	al Housing Code (Char provisions of the code on of the Code for any License. Failure to co	oter 161) and Town of of the Town of Manchester, all property owner to offer any unit emply with the Rental Licensing
Owner's Signature		Date	

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Manchester Town Code requires all owners of rental properties have a designated agent if the owner