



Montgomery County, Maryland
MPDU RENTAL CERTIFICATION FORM

www.montgomerycountymd.gov/mpdu



INSTRUCTIONS/ELIGIBILITY

- Spouses and all members of the household must be included on the certification form.
- Each adult member of the household cannot currently own or have owned residential property within the last five (5) years.
- Two most recent paystubs (four paystubs if paid weekly) for every person in the household must be submitted. If a household member works for more than one employer, you must provide paystubs for each job.
- The most recent tax return for each adult member of the household. Any adult member of the household who was not required to file a tax return in the most recent tax year must provide a Verification of Non-Filing form from the U.S. Internal Revenue Service (IRS). You may contact the IRS at 1-800-829-1040 or at www.IRS.gov.
- A copy of a newborn's birth certificate must be submitted if the child was not listed on your Federal income tax return. Unborn children are not included in your household size.
- If a dependent is 18 or older, you must verify whether they are a student or working. If they are working, they must provide copies of their two most recent paystubs. If they are a full-time student, you must provide their current school transcript or a class schedule.

HOUSEHOLD INFORMATION: Provide the requested information for each household member who will be living in the MPDU.

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____

INCOME INFORMATION: FOR EACH ADULT MEMBER OF YOUR HOUSEHOLD COMPLETE THE FOLLOWING:

Applicant/Recertifying Tenant:

1. Applicant's Name (First, Middle, Last)		2. Social Security Number	3. Email
4. Applicant's Address (Street, City, State, Zip)			
5. Home Phone	6. Cell Phone		7. Work Phone
8. Employer		9. Employer's Address (where you go to work)	

10. Yearly Salary	11. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)
12. Employer for 2nd job (if applicable)	13. Employer's Address (where you go to work)
14. Yearly Salary	15. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)
16. Do you receive alimony? Circle: Yes or No If Yes, what is the yearly amount? _____	
17. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____	

Co-Applicant:

1. Co-Applicant's Name (First, Middle, Last)	2. Social Security Number	3. Email
4. Applicant's Address (Street, City, State, Zip)		
5. Home Phone	6. Cell Phone	7. Work Phone
8. Employer	9. Employer's Address (where you go to work)	
10. Yearly Salary	11. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
12. Employer for 2nd job (if applicable)	13. Employer's Address (where you go to work)	
14. Yearly Salary	15. How often are you paid? Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Explain)	
16. Do you receive alimony? Circle: Yes or No If Yes, what is the yearly amount? _____		
17. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____		

If more than two adults are applying, you must provide the above-requested information on a separate sheet of paper.

APPLICANT/TENANT CERTIFICATION

By signing below:

I/We certify that the information set forth on this form is true and complete to the best of my /or knowledge and belief and is given under the penalty of perjury. Failure to provide full and accurate information can be considered a breach of lease and can result in termination of the lease.

Signature

Date

Signature

Date

Signature

Date

TO BE COMPLETED BY LANDORD/AGENT:

<p>A. Household Information:</p> <p>Total Household Size: _____</p> <p>Employment Income for all adults: \$ _____</p> <p>All other sources of Income: \$ _____</p> <p>Total Household Income: \$ _____</p> <p>Maximum MPDU Income for household size: \$ _____</p> <p>Income Eligible YES ____ NO ____</p>	<p>B. MPDU Information:</p> <p>Unit Size: _____ Bedroom(s)</p> <p>Unit Number: _____</p> <p>MPDU Approved Rent: \$ _____</p>
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The information on this form has been verified as required by the Montgomery County Department of Housing and Community Affairs. The anticipated annual income for the residents is listed above.

Owner/Agent

Date



Montgomery County, Maryland

MODERATELY PRICED DWELLING UNIT (MPDU) PROGRAM



DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
1401 Rockville Pike, Fourth Floor • Rockville, Maryland 20852 • 240-777-0311
TTY: 240-773-3556 • Website: www.montgomerycountymd.gov/mpdu

RENTER'S AGREEMENT

Instructions: Renters must complete Section 1 and affix their signature(s) and Social Security Number(s) in Section 4. Leasing Agent must complete Sections 2 and 3.

1. RENTER(S)

2. LEASING AGENT

Name

Name

Present Address

Name of Complex

Name

2a. \$ _____
Total Annual Household Income

Present Address (if different)

2b. Total Household Size

3. MODERATELY PRICED DWELLING UNIT ADDRESS

Address

Number of Bedrooms

Number of Baths

Effective Date of Lease

Apartment Number

Monthly Rent

4. I/We, the undersigned, as the renter(s) ("Renter") of the Moderately Priced Dwelling Unit ("MPDU") identified above, do hereby certify that:

- a) I do not currently own and have not owned residential property within the last five (5) years.
- b) The MPDU is being rented as my primary place of residence. I am aware of and understand that Section 25A-8(a) of the Montgomery County Code, 2014, as amended, prohibits me from subleasing the MPDU to another tenant unless otherwise permitted in writing by the Department of Housing and Community Affairs ("DHCA");

