



City of Rockville, Maryland
MPDU RENTAL CERTIFICATION FORM
<http://www.rockvillemd.gov/836/Affordable-Rental-Housing>



INSTRUCTIONS/ELIGIBILITY

- o Spouses and all members of the household must be included on the certification form.
- o Each adult member of the household cannot currently own or have owned residential property within the last five (5) years in DMV area.
- o 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.
- o Two most recent tax returns 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.
- o 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.
- o 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 ☐ Female ☐	_____
_____	_____	Male ☐ Female ☐	_____
_____	_____	Male ☐ Female ☐	_____
_____	_____	Male ☐ Female ☐	_____
_____	_____	Male ☐ Female ☐	_____

- o **Have you or any person listed above owned residential property within the last five (5) Years in DMV area?**
 No ____ Yes ____ . If yes, Property Address _____ City _____ State _____

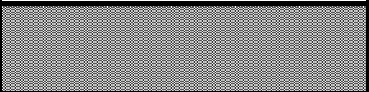
INCOME INFORMATION: FOR EACH ADULT MEMBER OF YOUR HOUSEHOLD COMPLETE THE FOLLOWING:

Applicant/Recertifying Tenant:

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

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

Co-Applicant:

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

Signature

Date

Signature

Date

Signature

Date

Signature

Date

TO BE COMPLETED BY LANDORD/AGENT:

A. Household Information:

Total Household Size: _____

Employment Income
for all adults: \$ _____
All other sources of Income: \$ _____

Total Household Income: \$ _____

**Maximum MPDU Income
for household size: \$ _____**

Income Eligible YES ____ NO ____

B. MPDU Information:

Unit Size: _____ Bedroom(s)

Unit Number: _____

MPDU Approved Rent: \$ _____

The information on this form has been verified as required by the property. The anticipated annual income for the residents is listed above.

Owner/Agent

Date