

**ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
RENTAL REGISTRY CHECKLIST**

A separate checklist, spreadsheet or other list detailing answers to each question must be completed for each unit in a multiple family dwelling.

1. Property Owner's Name _____
Property Owner's Address _____

2. Rental Property Address _____

3. Is the residential property an affected property? An affected property is a residential rental property built before 1978 that has not been certified as lead free and is not a hotel, motel or rooming house.

YES **NO**

IF THE ANSWER TO #3 IS "NO," give reason (e.g., post-1977; certified lead free and has valid certificate; hotel, motel or rooming house). Lead Free Inspection Certificate number(s) must be supplied for lead free properties.

IF THE ANSWER TO #3 IS "NO," complete no more questions and sign the bottom of this form.

IF THE ANSWER TO #3 IS "YES," complete #4-8.

4. Is the property registered with the Maryland Department of the Environment?
YES **NO**

5. Is the property registration renewal current for this year?
YES **NO**

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

7. Did the current tenant(s) move into the property on or after January 1, 2015?
YES **NO**

8. If the answer to # 7 is "Yes," provide the Lead Inspection Certificate number(s) for the current tenancy as required under §6-815 (c) of the Environment Article. _____

NOTE: After January 1, 2015, all affected properties must have a Lead Inspection Certificate for each rental unit.

I hereby certify under the penalties of perjury that the above information is true and accurate.

Owner's Signature/Date

Printed Name/Title