DHCA RENTAL SURVEY INSTRUCTIONS

1. Click here: Single Unit Rental Housing Survey (montgomerycountymd.gov)

Welcome to the portal for completing your 2024 Rental Housing Survey for Single Units - Due April 30, 2024.

Please complete a separate survey for each single unit property you own. The survey will take approximately 10 minutes to complete and must be done in a single sitting. It cannot be saved. For each rental property, enter the license number and an email address associated with the license. A one-time passcode will be sent to the email address. Enter the code to validate ownership (code expires after 10 minutes). If you are unable to complete the survey in one sitting, you will need to re-enter the license number and an email address to validate ownership.

License Number	
Proceed	

2. Enter the license number associated with your property> then click "proceed."

License Number	
5	
Proceed	

3. Enter your email address associated with your property > then click Send One Time Passcode



4. Log in to the email account to retrieve the One Time Passcode.

5. Enter the passcode provided in the field > then click "Validate" to begin the survey

One Time Passcode	
893571	
Validate	Re-Send One Time Passcode

Part 1: Rental Property Information 6.

6a. Verify that the information contained in this section is correct.

6b. Enter the number of bedrooms.

License Number	Structure Type
5	Single Family
Rental Property Address	Apt/Unit/Suite
5203 AUGUSTA ST	
City	Zip Code
BETHESDA	20816
Year Built	Number of Bedrooms. Enter '0' if an efficiency
1948	

7. Part 2: Owner Information

7a. Please update any contact information that may have changed.

Owner 1				If applicable, Owner 2			
First Name		Last Nar	ne	First Name		Last Name	
Amos		Golan					
Owner Street Address Apt/Unit/Suite		/Suite	Owner 2 Street Address		Apt/Unit/Suite		
5203 Augusta Street							
City		Zip Code		City	Z	Zip Code	
Bethesda	20816-2313 Country						
State				State		Country	
MD		US					
Day Phone	Evening Pho	ne	Cell Phone	Day Phone	Evening Phon	e Cell Phone	
999-999-9999	999-999-99	99	999-999-9999	999-999-9999	999-999-999	999-999-9999	
Email				Email			
johnst19@montgom	erycountymd.go	v					

Part 3: Survey Questions- answer questions using drop down feature or fill in text box 8. accordingly.

art 3: Survey Questionnaire	
nitial Occupancy Date for current tenant	
Lease Term	Was the rental property vacant on April 1, 2024?
~	
What was the monthly rent on April 1, 2024?	What was the monthly rent on April 1, 2023?
The previous tenant moved out as a result of:	
f you selected other above, explain here	
f the rental property was vacant for some or all of the last 12 months, how many	days was it vacant? (If none, enter '0')
Reporting period April 1, 2023 to March 31, 2024	
is the property in a Homeowners Association (HOA)/Common Ownership Commu	nity (COC)?
This field is required	
Per Bill 26-22, Radon Testing and Mitigation, if you own a single-family home, or o contact, has a radon test been conducted in that/those unit(s) within the past thr	ondominium, with one or multiple rental units in the basement or with ground ee years?
1	
Radon checked date	
If the property is no longer rented, please answer the following questions:	
Date property was last rented/Date tenant moved out	If the property was sold, what was the settlement date?

9. Part 4: Preparer Information

- a. Fill in information as the preparer's first and last name
- b. Use the drop-down menu to select a title.
- c. Enter phone number.
- d. Enter email address.

Part 4: Preparer Information				
Preparer First Name	Preparer Last Name			
Title	Phone Number			
~	999-999-9999			
Email Address				

10. Check the box attesting that the information is true and accurate and click on "Submit".

□ I attest that the above information is true, correct, and complete to the best of my knowledge.

Submit