



Montgomery County Department of Housing and Community of Affairs
Office of Rent Stabilization
1401 Rockville Pike, 4th Floor, Rockville, MD, 20852
Telephone: 240-777-0311; TDD 711; Fax: 240-777-3701
Web: www.montgomerycountymd.gov/dhca
Email: dhca.ors.intake@montgomerycountymd.gov



CAPITAL IMPROVEMENT PETITION – SUPPLEMENT

A landlord must submit to DHCA a Capital Improvement Petition Supplement, including any revisions to the recommended surcharge for capital improvement, for any material change in the scope, phasing, pricing, or other matter outlined in the original Capital Improvement Petition.

Re: Capital Improvement Petition #: _____

SECTION I – PROPERTY INFORMATION

Address of Property:					
Name of Property, if Applicable:					
Number of Units:		License Number:		Year Built:	
Owner's Name:					
Owner's Phone:		Owner's Email:			
Name of Authorized Agent:					
Authorized Agent's Phone:		Authorized Agent's Email:			

SECTION II – CHECKLIST

You must complete every item on this checklist, as applicable. Otherwise, your petition will be considered incomplete, which may result in a delay in its outcome or a denial.

<input type="checkbox"/>	Comprehensive calculations following the instructions in COMCOR 29.58.01.04(f). ¹
<input type="checkbox"/>	Documentation of the total cost of the capital improvements per COMCOR 29.58.01.04(g). ²
<input type="checkbox"/>	Documentation for the costs incurred as per COMCOR 29.58.01.04(i). ³
<input type="checkbox"/>	Any other external documents to substantiate the total cost of the capital improvements.

¹ Complete Section III - V to satisfy this requirement.

² Attach documents related to the calculations in Section IV to satisfy this requirement.

³ Attach documents related to the calculations in Section III to satisfy this requirement.

SECTION III – CHANGES IN COSTS

Please list any changes in the actual costs of the capital improvements with supporting documentation.

Description of the Change (Capital Improvement, Interest, or Service Charge)	Unit, Common Area, or Facility Improved (If Applicable)	Date Work Began or Estimated Start Date (If Applicable)	Date Work Completed or Estimated End Date (If Applicable)	Previous Cost	New Cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total Changes in Costs:				\$	\$

SECTION IV – NEW TOTAL COST OF CAPITAL IMPROVEMENTS

Please complete the table below.

Previous total costs		New total costs	
Previous total capital improvements (original petition): ⁴	\$	New total capital improvements: ⁴	\$
Previous total interest:	\$	New total interest:	\$
Previous service charges:	\$	New service charges:	\$
Total cost of capital improvements plus service charges and interests (this figure should equal the amount from the original petition):	\$	New total cost of capital improvements plus service charges and interests:	\$

⁴ The total cost of the capital improvements cannot include any grant, subsidy, credit, or other funding not required to be repaid that is received by a landlord from or guaranteed by a governmental program for the purposes of making the subject capital improvement.

SECTION V – NEW MONTHLY SURCHARGE CALCULATION

Please choose between option 1 or 2.

1. The surcharge for improvements affecting less than all units:

- A. Current lowest base rent charge for a unit: \$ _____
- B. Highest surcharge amount allowed (multiply **Line A** by 15%): \$ _____
- C. Total cost of capital improvements (Section IV): \$ _____
- D. Total # of rental units in the property that will benefit from the improvements: _____
- E. Divide **Line C** by **Line D** to obtain **the total cost per unit**: \$ _____
- F. Divide **Line E** by 60 to obtain the **cost in dollars per unit per month***: \$ _____

*If your monthly surcharge (Line F) exceeds the highest amount (Line B), please recalculate (Line F) using a higher number of months (over 60). The number of months needed to recuperate the surcharge within limits (Line B greater than Line F) equals _____ months.

2. The surcharge for improvements affecting ALL rental units:

- A. Current lowest base rent charge for a unit: \$ _____
- B. Highest surcharge amount allowed (multiply **Line A** by 20%): \$ _____
- C. Total cost of capital improvements (Section IV): \$ _____
- D. Total # of rental units in the property that will benefit from the improvements: _____
- E. Divide **Line C** by **Line D** to obtain **the total cost per unit**: \$ _____
- F. Divide **Line E** by 96 to obtain the **cost in dollars per unit per month****: \$ _____

**If your monthly surcharge (Line F) exceeds the highest amount (Line B), please recalculate (Line F) using a higher number of months (over 96). The number of months needed to recuperate the surcharge within limits (Line B greater than Line F) equals _____ months.

SECTION VI – NEW PROPOSED RENT ADJUSTMENT SCHEDULE

If you require additional space, save a blank copy of this page, complete it for other units, and submit it with the required supporting documents.

[illegible]

SECTION VII – CERTIFICATION OF LANDLORD

I hereby certify that I am the owner or authorized representative of the rental facility identified in this Supplement. I further certify, under penalty of perjury and the laws of Montgomery County, Maryland, that the information and every attached document, statement, and form is true and correct.

Signature: _____

Print Name: _____

Title: _____

Date: _____

OFFICE USE ONLY

Petition Number: _____

Submission Date: _____

Rental License Status: ☐ Licensed ☐ Not Licensed

Code Enforcement Cases: ☐ Yes open cases ☐ No open cases

Determination: ☐ Approved ☐ Denied

Decision Date: _____

Comments: _____