

City of Rockville

Moderately Priced Dwelling Unit Program
Dept. of Community Planning & Development Services
111 Maryland Avenue, 2nd Floor
Rockville, MD-20850
Ph 240-314-8200, Fax 240-314-8210
www.rockvillemd.gov/residents



MPDU

MODERATELY PRICED DWELLING UNIT PROGRAM

You must complete all applicable blanks on this form and attach a completed request for income verification from your employer. An employment verification form (Page 3 and 4 of the application) must also be submitted, with all supporting documents attached. The information provided will be used to determine your eligibility for the MPDU program. The information provided will be used only to help us find you a moderately priced home.

Name of the Applicant		Social Security No.
Address		
City, State	Zip	
Telephone	Home	Work
Where Employed		

Family Information: Provide the requested information for all household members including yourself who will be living in the house. List head of household first.

Name	Relationship	Age

Have you or any person listed above owned residential property in the last five years?
(Check one) _____ **yes** _____ **No**

Type of housing preferred (circle one): _____ **Rental** _____ **Sales** _____ **Other**

All applicants must submit proof of income on a City of Rockville income verification form. A copy of Credit report must be attached with the application for **Sales** only.



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A copy of your **Federal Income Tax Returns** for the **most recent two years** and the **corresponding W-2 forms** must be attached to this application, along with a copy of **Two most recent pay stub** for all wage earners and all jobs. **(Please provide copies of all documents with the application, an incomplete application will not be processed)**

The total amount of GROSS income earned by all wage earners who will be living in the MPDU is \$ _____ (Total of Column A, B, and C below). This information is true and complete to the best of my (our) knowledge.

Signature

Date

**Column A
 Primary Wage Earner**

**Column B
 Secondary Wage Earner**

**Column C
 Other Income (For all wage earners)**

Name:

Name

Interest on Savings/Investment Dividends:

Place of Employment

Place of Employment

\$ _____

Address of Employer

Address of Employer

Social Security Benefits:

\$ _____

VA Benefits:

\$ _____

Pension Benefits:

\$ _____

Phone

Phone

Alimony: \$ _____

Current Base Salary Per Year

Current Base Salary Per Year

Child Support: \$ _____

Gross:

Gross:

Part Time Wages

\$ _____

\$ _____

\$ _____

Overtime Per Year

Overtime Per Year

\$ _____

\$ _____



REQUEST FOR VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Place of Employment: _____ Date of Request: _____

Name of Applicant: _____ Social Sec.# _____

Address of Applicant: _____

Authorization: I hereby authorize release of the information requested below.
Falsification of any item, by any person, could cause my application to become null and void.

Signature of Applicant

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER- Please answer each question.

Position Held: _____

Date of Employment: _____ to _____

Termination Date (if applicable): _____

Salary: Hrs. Per Week: _____ Rate of Base Pay: \$ _____ Hourly: \$ _____

Monthly \$ _____ Annual \$ _____ Other _____

Overtime No. of Hours: _____ Rate of Pay _____ For past _____ Months

Commissions: Past _____ Months \$ _____

Bonus: Monthly/Yearly/Other \$ _____

Other Sources: \$ _____

How often is employee paid? _____

Year to Date Total Income Received:\$ _____ **as of** _____,200

Please describe any employment circumstances that may be pertinent to this employee's income.

Information on this form is furnished in strict confidence, in response to your request.

Signature of Employer: _____ **Date** _____

Title and Office: _____

Address of Company _____

Please mail completed form to above-mentioned address.