

CITY OF ANNAPOLIS  
MODERATELY PRICED DWELLING UNIT PROGRAM  
DEPARTMENT OF PLANNING AND ZONING  
160 Duke of Gloucester Street, Annapolis, Maryland 21401

**PURCHASER'S AGREEMENT**

Instructions: Purchaser(s) must complete Blocks 1 and 3 and affix their signature(s) and Social Security number(s) in Block 4. Developer must complete Blocks 2 and 5.

**1. PURCHASER**

Name: \_\_\_\_\_

**2. DEVELOPER/BUILDER**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Name of Subdivision: \_\_\_\_\_

**3. MODERATELY PRICED DWELLING UNIT ADDRESS**

Address: \_\_\_\_\_ Lot/Block: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

4. (a) I/We, the undersigned, as the purchaser(s) of the Moderately Priced Dwelling Unit (MPDU) identified above, do hereby certify that I/We will occupy the MPDU as my/our primary residence during the entire 10-year control period, and that I am aware of Chapter 20.30 of the Annapolis City Code, as amended, which prohibits me from renting the MPDU to a tenant for a period of ten (10) years from the date of settlement unless otherwise permitted by the Department of Planning and Zoning.

(b) I/We, acknowledge that for a period of ten (10) years from the date of settlement on this property, the improvements herein conveyed, and those that may subsequently be made to the property, shall not be sold or refinanced for a price greater than that determined and approved by the Department of Planning and Zoning prior to such sale and in accordance with Chapter 20.30 of the Annapolis City Code, as amended.

(c) I/we acknowledge and agree that I/we have received a copy of the recorded MPDU covenants and a copy of Chapter 20.30 of the Code.

(d) I/we certify that my/our income shown on my /our application to the City of Annapolis for the MPDU Program has not changed in any way except as follows: \_\_\_\_\_

(e) I/We certify that I/We have never previously owned an MPDU and that neither I/We nor any member of my/our household, currently owns any residential property.

SEAL \_\_\_\_\_

Purchaser's Signature      Date

Social Security Number: \_\_\_\_\_

*Required*

SEAL \_\_\_\_\_

Purchaser's Signature      Date

Social Security Number: \_\_\_\_\_

*Required*

5. Type of Unit: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

MPDU CONTROLS EXPIRE ON: \_\_\_\_\_

STATE OF MARYLAND

County of Anne Arundel      ss:

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_