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| DHCD Logo  **Instructions for**  **ADU Affordability Analysis Request** |
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| **Purpose**  The purpose of this form is for an owner of an Affordable Dwelling Unit (ADU) to request that the Department of Housing and Community Development (DHCD) determine whether the subject ADU is considered an “Unaffordable ADU” under the current policies and procedures of the Affordable Dwelling Unit program. If an ADU is determined to be an Unaffordable ADU, then DHCD may adjust the area median income (AMI) of prospective purchasers eligible to purchase the ADU while maintaining the maximum resale price, or take other actions as appropriate within its delegated authority.  **Unaffordable ADU definition**  If the monthly housing cost of an ADU, including actual condominium fees and DHCD designated program assumptions for estimated mortgage payments, taxes, and insurance, require a household at the benchmark income and size for the unit’s designated AMI level and unit type[[1]](#footnote-1) to spend more than thirty-six percent (36%) of its income on housing cost based on the then-current maximum resale price of the ADU, then the ADU may be considered an ‘Unaffordable ADU’.  **Where to submit**  Waiver requests should be mailed or hand delivered to the following address:  Department of Housing and Community Development  Attn: Affordable Dwelling Unit Administration  District of Columbia Government  1800 Martin Luther King Jr. Avenue, SE, 2nd Floor  Washington, D.C. 20020  **Next Steps**  Once DHCD receives a completed request form, it will conduct an analysis of the ADU’s affordability and endeavor to provide a response to the requesting ADU owner within 20 days (please note that the response time may be longer or shorter depending on the volume of requests). If the ADU is determined to be an Unaffordable ADU, then DHCD will provide the ADU Owner with a covenant amendment for signature and recording. Any change to the affordability level of an ADU will not be effective unless and until an amendment is recorded to the ADU Covenant.  **Questions**  Contact the Department of Housing and Community Development at (202) 442-9505 regarding questions related to the Affordable Dwelling Unit Program. |

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| DHCD Logo  **ADU Affordability Analysis Request** | | | | | | | | | |
| **Purpose** | | | | | | | | | |
| By submitting this Affordable Dwelling Unit (ADU) Affordability Analysis Request form, the owner of the herein referenced ADU requests that the Department of Housing and Community Development (DHCD) determine if the subject ADU is an Unaffordable ADU and take appropriate action. After receiving this form, DHCD shall review the affordability of the ADU based on what a household at the benchmark income and size can afford, by applying the pricing assumptions based on current ADU policies and procedures. | | | | | | | | | |
| Owner Information | | | | | | | | | |
| **Affordable Dwelling Unit Owner(s)**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name(s) of ADU Owner(s) | | | | | | | | | |
| Phone: ( ) | | | Email Address: | | | | | | |
| Alt. Phone: ( ) | | | Alt. Email Address: | | | | | | |
| **Affordable Dwelling Unit Information**: | | |  | | |  | | | |
|  | | | Property Name | | |  | | | |
|  | | | Street Address | | | Unit # | | | |
|  | | | Washington | | | DC | |  | |
|  | | | City | | | State | | ZIP Code | |
| Property Information | | | | | | | | | |
| Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What was the price for which you originally purchased your ADU? (please attached a copy of the HUD-1) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did your household receive down payment assistance from HPAP/EAHP when you purchased the ADU?  □Yes □No  Is your household currently occupying the ADU as its principal residence? □Yes □No  Do you intend to sell your ADU within the next two years? □Yes □No  If yes, when do you plan to begin marketing the ADU for sale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you intend to rent your ADU? (if permitted by the covenant restrictions) □Yes □No  If you intend to rent the ADU, what are your current monthly payments? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Condominium Information** | | | | | | | | | |
| **Condominium Association Point of Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name Title*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Phone E-mail* | | | | | | | | | |
| **Condominium Fee History**: Please provide the monthly condominium fee from the date you purchased the ADU through the present, noting the effective date of each increase. You do not need to include any special assessments. | | | | | | | | | |
| **Date** | **Monthly Condo Fee** | | | **Date** | | **Monthly Condo Fee** | | | |
| *Example: 05/09/13* | *$300* | | |  | |  | | | |
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| **Owner Certification** | | | | | | | | | |
| *I certify that the information I provided in this Unaffordable ADU Affordability Analysis Request is correct to the best of my knowledge.  I acknowledge that DHCD may rely on this information as true and complete. I further acknowledge that I will provide any relevant documentation requested by DHCD to support my request.  I understand that any false statements contained in this Unaffordable ADU Affordability Analysis Request shall be punishable by criminal penalties.* | | | | | | | | | |
| Signature of Owner: | | |  | | | | Date: |  | |
| Print Name: | | |  | | | |  |  | |
| Signature of Owner: | | |  | | | | Date: |  | |
| Print Name: | | |  | | | | | | |
|  | | | **FOR AGENCY USE** | | | | | | |
| **Current maximum resale price of ADU: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current maximum resale price makes the unit an Unaffordable ADU: □Yes □No**  **If an Unaffordable ADU, the AMI of the unit shall be adjusted to \_\_\_% AMI**  **If principal residency is required, may the owner now rent the Unaffordable ADU: □Yes □No**  **Current maximum rent is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to a qualified renter as determined by DHCD.**  **Covenant to be amended? □Yes □No**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  DHCD Official: Printed Name and Title Signature Date | | | | | | | | | |

1. To determine benchmark income, multiply the 4-person AMI published by HUD by 0.7 for one person, 0.8 for two persons, 0.9 for three persons, 1.1 for five person, 1.2 for six persons, and so on. The benchmark household size per unit type is: one person for a studio, two persons for a one bedroom, three persons for two bedrooms, five persons for three bedrooms. [↑](#footnote-ref-1)