



**District of Columbia Department of Housing and Community Development**  
 Housing Regulation Administration – Rental Accommodations Division (RAD)  
 1800 Martin Luther King Jr. Avenue SE, 2<sup>nd</sup> Floor  
 Washington, DC 20020  
 (202) 442-9505

RAD Date Stamp

Internal Use Only

C/O current:

yes no n/a

BBL current: yes no

Reg. current: yes no

**TENANT’S NOTICE OF ELDERLY OR  
 DISABILITY STATUS TO HOUSING PROVIDER  
 FOR RENT INCREASE BASED UPON CPI-W**

Section 208(h)(2) of the Rental Housing Act of 1985, as amended (Act), as codified at D.C. OFFICIAL CODE § 42-3502.08(h)(2) (Repl. 2012), limits an increase in the rent charged based on the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) if a tenant is elderly or has a disability.

**1. Housing Accommodation/Rental Unit**

Address: \_\_\_\_\_

Washington, D.C. \_\_\_\_\_

**2. Elderly Status**

A tenant is defined in the Act as elderly if the tenant is at least 62 years of age and demonstrates the claim to the satisfaction of the Rent Administrator.

**Check the applicable boxes below if this statement is true.**

I certify that I am at least 62 years of age. The following evidence of age is attached [only one of the below is required]:

- U.S. Passport; or
- U.S. or State-issued identification card; or
- U.S. Birth certificate; or
- U.S. Driver’s license; or
- Other evidence (must be U.S. or State-based) [Specify]:

\_\_\_\_\_

**3. Disability Status**

A “tenant with a disability” under the Act means an individual who has a disability as defined in 42 U.S.C. § 12102(1)(A) (American’s With Disabilities Act) and 29 C.F.R. § 1630.2(g)(1)(i).

**Check the applicable boxes below if this statement is true.**

I certify that I have a disability as defined in the Americans With Disabilities Act.

The following evidence of disability is attached [only one of the below is required]:

- Order determining status arising from a capital improvement petition
- Award letter from the Social Security Administration with a Physician letter
- Letter from a Physician stating that I have a “disability” under the definition in the Americans with Disabilities Act
- Other evidence [specify]: \_\_\_\_\_

**Notice to Housing Provider**

I certify that the Housing Provider was given a copy of this Notice, including copies of any attachments, in the manner and on the date specified: [check all that apply]

- By personal service upon the Housing Provider (insert name of person served):

\_\_\_\_\_.

- By substitute service upon (insert name of person served):

\_\_\_\_\_.

- First-class mail addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other [specify type of service and recipient]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Date of Service [provide date of the service above; if more than one service action, indicate the applicable date to the respective service action]:

\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I certify that I am a Tenant in the Housing Accommodation set forth above, that I am elderly and/or have a disability as indicated above, that the copies of documents attached are true copies of genuine documents, and that a copy of this Notice was given to the Housing Provider.

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Signature of Tenant

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Printed Name of Tenant

Tenant's Address:

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Date: \_\_\_\_\_

If you have any questions about this Notice, please direct them to the Rental Accommodations Division in writing at 1800 Martin Luther King Jr. Avenue SE, 2<sup>nd</sup> Floor, Washington, DC 20020, call (202) 442-9505, or visit the Housing Resource Center on Monday thru Friday from 8:30 am to 3:30 pm.