



District of Columbia Department of Housing and Community Development
 Housing Regulation Administration – Rental Accommodations Division (RAD)
 1800 Martin Luther King Jr. Avenue SE, 2nd 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
 DISABLED 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) (Supp. 2008), 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 disabled.

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]:

A CERTIFIED COPY OF:

- 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. Disabled Status

“Disabled Tenant” means an individual who has a disability as defined in 42 U.S.C.S. §12102 [American’s With Disabilities Act] and 29 CFR 1630.2.

Check the applicable boxes below if this statement is true.

I certify that I am disabled as defined in the American’s 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
- A letter from a Physician stating that I meet the definition of a “person with disabilities” under 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 disabled 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.

Signature of Tenant

Printed Name of Tenant

Tenant's Address:

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, 2nd 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.