



Government of the District of Columbia
 Department of Housing and Community Development
 Housing Regulation Administration
 Rental Accommodations Division
 1800 Martin Luther King, Jr. Avenue, S.E.
 Washington, D.C. 20020
 phone (202) 442-9505 | fax (202) 645-5884 |
 dhcd.rad@dc.gov

ELDERLY AND TENANT WITH A DISABILITY CLAIM OF EXEMPTION FROM HOUSING PROVIDER PETITION RENT SURCHARGE INCREASE

Section 224(b) of the Rental Housing Act of 1985 (D.C. Official Code § 42-3502.24(b)) provides that rent charged or a rent surcharge based on a capital improvement petition, hardship petition, substantial rehabilitation petition, changes in services and facilities petition, or voluntary agreement will not be assessed against a current or future elderly tenant or tenant with a disability who has a qualifying income.

An elderly or disabled tenant with qualifying income who currently receives a limit of increase in the rent charged based on the Consumer Price Index for the Urban Wage Earners and Clerical Workers (CPI-W) under section 224(a) of the Rental Housing Act of 1985 must also file for an exemption from housing provider petition surcharge increase.

1. **Tenant Name and Housing Accommodation/Rental Unit**

Tenant Name: _____

Address: _____ Unit No. _____

Washington, D.C. _____

2. **Petition Type (Check One)**

<input type="checkbox"/> Hardship	<input type="checkbox"/> Services and Facilities
<input type="checkbox"/> Capital Improvement	<input type="checkbox"/> Voluntary Agreement
<input type="checkbox"/> Substantial Rehabilitation	

3. **Petition Information**

_____	\$ _____
Housing Provider Petition Case No.	Amount of Requested Rent Adjustment

4. **Tax Credit Annual Funding Limitation**

Availability of this exemption is subject to annual funding limitations for the tax credit as approved by the Council of the District of Columbia, except for rents

charged pursuant to a voluntary agreement. A housing provider who provides housing to an elderly tenant or tenant with a disability, with qualifying income, will receive a \$1 for \$1 tax credit for any approved rent charge or surcharge that is not implemented under this exemption. Also, if the D.C. Office of Administrative Hearings finds that the actual tax credit falls short of the “\$1 for \$1” standard, the housing provider may impose the surcharge in its entirety on the elderly tenant or tenant with a disability.

5. **Services and Facilities Petition or Voluntary Agreement Waiver**

A tenant who qualifies for this exemption may waive his or her right to the exemption if the rent charged is based on a services and facilities petition or a voluntary agreement. If you wish to waive your right to this exemption, complete this form **and** attach a signed and dated letter stating that you voluntarily, without coercion, and with full knowledge of your right to the exemption, agree to be charged rent based on the requested increase, if it is approved.

6. **Qualifying Income**

To receive the claim of exemption from a housing provider petition surcharge increase, you must be elderly or disabled and have qualifying income. **“Qualifying Income”** depends on the size of your household and is defined by D.C. Official Code § 42-3501.03(25A) and published annually by the Rental Housing Commission. For Rent Control Year 2020 (May 1, 2020 to April 30, 2021), qualifying income is:

For a 1-person household, \$49,224 ;	For a 4-person household, \$70,320 ; and
For a 2-person household, \$56,256 ;	For households with more than 4 persons,
For a 3-person household, \$63,288 ;	\$77,352 + \$7,032 for each additional
	person above five.

You must provide: copies of pay stubs, benefit statements, or copies of filed District of Columbia income tax returns. You may be required to provide additional documentation to prove that you are income eligible to qualify for an exemption from an adjustment in the rent charged.

7. **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 60 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]: _____
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8. **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 which is defined as a physical or mental impairment that substantially limits one or more major life activities of such individual.

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]: _____
-

9. **Housing Provider Notice**

If an elderly tenant or tenant with a disability with qualifying income ceases to reside in the rental unit, the housing provider must immediately notify the rent administrator and the tax credit allowed for that rental unit shall cease.

NOTE REGARDING CONFIDENTIALITY OF INFORMATION: The Rental Accommodations Division will not disclose or release copies of information submitted as part of the exemption certification process except as required by law.

This claim for exemption and supporting documentation may be mailed, faxed, emailed, or hand delivered for approval to:

D.C. Department of Housing and Community Development
Housing Regulations Administration
Rental Accommodations Division
1800 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020

Facsimile Number: (202) 645-5884
Email: dhcd.rad@dc.gov

For additional information please call (202) 442-9505.

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 represented, that the copies attached to this form are true copies of authentic documents. I further declare under penalty of law for making a false statement, as set out in D.C. Official Code § 22-2405, that the foregoing representations and statements are true and correct to the best of my knowledge, information, and belief.

Tenant Signature

Tenant's Printed Name

Date