



**District of Columbia**  
**Department of Housing and Community Development**  
**Rental Accommodations Division (RAD)**  
 1800 Martin Luther King, Jr. Avenue, S.E.  
 Washington, DC 20020  
 (202) 442-9505

RAD Date Stamp

RAD Form 24 (08/2020)

# TENANT PAYMENT PLAN COMPLAINT

This tenant payment plan complaint is filed under the provisions of § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281  
Please type or print clearly, complete all areas, and make sure to sign the form.  
ATTACH ADDITIONAL PAGES FOR RESPONSES, IF NEEDED.

### RAD Use Only

Case number	Intake Representative	Date Filed
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Email	Approved for Filing By	Date Approved for Filing
RAD Registration/Exemption Number	Basic Business License Number & Expiration Date	Certificate of Occupancy Number

TO FILE THIS COMPLAINT, TENANT(S) MUST PROVIDE:

- Proof of tenancy, including rent receipts, cancelled checks, or a copy of a lease.
- Copy of Tenant Payment Plan Application and any related documentation.
- If filing Complaint by hardcopy: Original & 4 copies of this Complaint and all supporting documentation.
- If filing Complaint electronically: This Complaint must be signed and in a pdf format with any supporting documentation and emailed to [dhcd.rad@dc.gov](mailto:dhcd.rad@dc.gov).

### Part 1 – Tenant Information

Who is filing this Complaint? <input type="checkbox"/> Tenant <input type="checkbox"/> Tenant Representative			
Name of tenant(s) or representative			Email Address
Cell phone	Home phone	Work phone	
Date when you became a tenant of the property for which this Complaint is being filed:		Current monthly rent you are charged	
<b><i>Street address of property that is subject of this Tenant Payment Plan Complaint</i></b>			
Street Address (No P.O. Box)			
Unit(s)	City	State	Zip Code
<b><i>Current Address of Tenant(s) (if different than above)</i></b>			
Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Complainant(s)' Representative (Attorney or Other) information (if applicable)**

Name of Representative		Email Address	
Cell phone	Home phone	Work phone	
Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Part 2 – Housing Provider Information**

<b>Name of Owner of Housing Accommodation</b>		Email Address	
Cell phone	Home phone	Work phone	
Housing Provider's Street Address (No P.O. Box)			
Unit	City	State	Zip Code

<b>Title/Name of Agent of Housing Provider</b> (check the appropriate box for Title): <input type="checkbox"/> Property Manager <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Other: _____		Email Address	
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Cell phone	Home phone	Work phone	
Agent's Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Part 3 – Tenant Complaint**

I/We believe that the housing provider improperly denied my request for a tenant repayment plan, which violates § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281 for the following reason(s) (check all that apply below):

- A. The housing provider did not create a process for payment plan.
- B. The housing did not timely notify me of the availability of a tenant payment plan.
- C. The housing provider did not accept my evidence of financial hardship resulting directly or indirectly from the public health emergency.
- D. The housing provider did not provide an online or telephone application approval process.
- E. The tenant payment plan includes invalid terms and/or conditions (e.g., a shorter term than one year, no equal monthly installment payments, lump sum payments, etc.).
- F. The housing provider denied my tenant payment plan based on an existing delinquency or a future inability to make rental payments established before the public health emergency.
- G. The housing provider and I entered into a written payment plan, however the housing provider refuses to implement the payment plan.
- H. Other (describe with specificity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

