



Notice of Availability

Inclusionary Zoning Units &
Affordable Dwelling Units



Purpose: An Owner of an Inclusionary Zoning (IZ) Unit or Affordable Dwelling Unit (ADU), hereafter collectively referred to as "Unit," is required to file a written Notice of Availability (NOA) to notify the Department of Housing and Community Development (DHCD) of any IZ Unit(s) or ADUs that are available for rent or purchase (including new units, re-sales and re-rentals).

Deadlines – provide this NOA to DHCD prior to:

- **New Unit(s):** Applying for the Certificate of Occupancy with the Department of Buildings (DOB). Unit(s) must be ready for occupancy within 60 days of submitting this NOA.
- **Subsequent offering of Unit(s):** Marketing the Unit(s) for rent or sale.

Section 1: Owner Information

Development:

Name of Development

Development Address:

☐ Multiple

Street Address

Washington

Unit # (if multiple, check the box above)

DC

City

State

ZIP Code

Development Website (if any):

Owner:

Name of Owner

Owner's Address

Street Address

Apartment/Unit #

City

State

ZIP Code

Owner's Phone:

Owner's E-mail:

Sales/Leasing Agent (Authorized Representative completing this form if different than Owner):

First Name

Last Name

Relationship to Owner

Representative's Phone:

Representative's E-mail:

Section 2: Development Information

1. **Unit(s) is/are:** ☐ Rental (initial) ☐ Re-rental ☐ Sale

2. **Provide a copy of the architectural floor plans.**

3. **For rental properties:**

a. Complete the attached list itemizing all required/optional fees for prospective/current tenants: ☐ Attached
☐ Not Applicable

b. Has anyone at the property completed the NCHM IZ/ADU training? ☐ Yes ☐ No

If yes, please include confirmation of participation for any/all staff.

If no, stop and contact DHCD.

4. **For sale units, include copies of the following documentation to DHCD when submitting this NOA:**

a. Latest/current budget for the condominium, cooperative or homeowner association.
☐ Attached ☐ Not Applicable

b. List of the condominium, cooperative, or homeowner association fee for each Unit at the development.
Include the formula by which the fee is assessed. ☐ Attached ☐ Not Applicable

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
1800 Martin Luther King Jr. Avenue SE, Washington, DC 20020 (202) 442-7221

Utilities and Fees (For Heat, hot water & cooking – circle gas or electric) Please enter data for all boxes on this page, even if 'N/A', except for 'Notes', which is optional.						
Utility / Fee Type*	Included in the rent? (yes/no)	Specify Required or Optional	Frequency (if one-time, indicate when in Notes)	Amount (include sliding scale ranges, if applicable)	Is this fee policy the same for market rate units? (If no, explain in Notes)	Notes
Heat – gas or electric?				<i>Determined by DHCD</i>		
Hot water – gas or electric?						
Cooking – gas or electric?						
Electricity						
Water & Sewer						
Trash				\$		
Renter's Insurance**				\$		Minimum liability coverage = \$
Service/submetering fee (Conservice Studebaker, etc.)				\$		
Common area HVAC fee				\$		
Pest Control Fee				\$		
Package fee				\$		
Application Fee				\$		
Security Deposit				\$		
Amenity Fee				\$		
Move-In Fee				\$		
Administrative Fee (specify in Notes if per adult or unit)				\$		
First + last month utility bill fee (put details in Notes)				\$		
Parking				\$		
Pet Fee				\$		
Pet Rent				\$		
Month-to-Month Fee				\$		
Other (specify):				\$		

*Utilities include water, sewer, electricity, natural gas, trash, and any other fees required by the Inclusionary Development Owner, property manager, or condominium or homeowner's association to occupy the Unit, including but not limited to mandatory condominium, homeowner's association, amenity, or administrative fees. The Maximum Allowable Rent is inclusive of Utilities.

**Indicate minimum coverage requirement and preferred vendor (if any) and contact info in Notes.

Parking Options

Which parking options are available? (Yes or No). (Note: For garage/assigned space, include monthly fee if applicable.)

On street	If on street, is a DC Residential Parking Permit (RPP) available for the address?	Garage (if yes, provide monthly fee)	Assigned space on property (if yes, provide monthly fee)	Other (specify):

Required Marketing Language

All marketing and advertising of Inclusionary Developments must contain the following statement:

"Pursuant to the District of Columbia Inclusionary Zoning program, income restricted units are available at this development. Please contact the Department of Housing and Community Development at www.dhcd.dc.gov regarding the availability of such units and requirements for registration in the Inclusionary Zoning program."

Ensure that this language appears on the website for the Development in a reasonably-sized and legible font as well as all print and electronic marketing materials for the Development. Forward links and/or copies to DHCD for our records.

Website - Required language appears in the Development website template and is visible on all subpages? ☐ Yes ☐ No

Direct emails – Required language appears in all direct emails to people who signed-up for alerts on the Development website? ☐ Yes ☐ No

Other – Describe other marketing efforts by the Development that use this language; where does the language appear?

Attach copies of other marketing materials with the required language. ☐ Attached

Property Contact Information for Applicants

Provide property contact information for interested applicants. (Note: If DHCD is conducting a lottery for the property, this is who selectees will contact for any property-related questions and to schedule tours.)

Name:	Email:
Title:	Phone:
Address:	
Washington, DC Zip Code:	

Section 3: Available Unit Information

(If necessary, add additional rows/attach additional pages.)

Unit #	# of Bedrooms*	# of Bathrooms	Has bathtub? (yes/no)	Fully accessible? (yes/no & add notes to last column)	Square Feet	Applicant Selection Method ** (DHCD or HSP)	Estimated Date Available for Occupancy (MM/DD/YY)	Monthly Condominium or Homeowner Association Fees	Unit Accessibility Information and Other Notes (Full accessibility and any other unit specific features should be included in the unit announcement. (Samples: Grab bars installed; cabinets removed from under bathroom & kitchen sinks, washer/dryer side by side.)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

* Bedrooms must contain both an external window and a closet.

** DHCD refers to the DHCD lottery system. HSP refers to properties that have prior written approval from DHCD for their Household Selection Plan (HSP).

Declaration

I certify under penalty of perjury that the information provided in this form is complete and true to the best of my knowledge and I acknowledge that the making of a false statement is punishable by criminal penalties under Title 22 of the District of Columbia Official Code.

- ☐ I certify that all the information provided in this NOA is consistent with:
- IZ Units - the Certificate of Inclusionary Zoning Compliance (CIZC), Inclusionary Development Covenant and the plats and plans submitted therewith.
 - ADUs - the Affordable Housing Covenant.

- ☐ I understand that I am required to register each applicable Unit with the District's Housing Locator Website at www.DCHousingSearch.org and notify DHCD of the posting in writing within 7 days of:
- IZ Units - receipt of post-NOA pricing information from DHCD (for initial occupants) or an NOA is submitted to DHCD (for subsequent vacancies).
 - ADUs - the Household Selection Plan is approved by DHCD (for initial occupants) or an NOA is submitted to DHCD (for subsequent vacancies).

- ☐ I understand that failing to register the applicable Unit(s) by the designated deadline shall be a violation of law and subject to the enforcement mechanisms pursuant to the Inclusionary Zoning Implementation Amendment Act of 2006 (D.C. Code Section 6-1041.01, et seq.) and related regulations and DHCD policies and procedures.

Certification

Signature of Owner or Authorized Representative:

Printed Name:

Date:

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