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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Notice of Availability**  Inclusionary Zoning Units &  Affordable Dwelling Units | | | | | | | | | C:\Users\renesnowden.DHCD\Desktop\WE ARE DC Official Logo.jpg | | | |
|  | | | | | | | | | | | | | | |
| **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:**   * **For New Unit(s),** prior to applying for the Certificate of Occupancy (CoO) with the Department of Buildings (DOB). * **For subsequent offering of Unit(s):** prior to marketing the Unit(s) for rent or sale & prior to taking applications. | | | | | | | | | | | | | | |
| Section 1: Owner Information | | | | | | | | | | | | | | |
| Development: | |  | | | | | |  | | | | | |  |
|  | | Name of Development | | | | | |  | | | | | | |
| Development Address: | |  | | | | | | Multiple | | | | | | |
|  | | Street Address | | | | | | Unit # (if multiple, check the box above) | | | | | | |
|  | | Washington | | | | | | 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:**    1. Complete the attached list itemizing all required/optional fees for prospective/current tenants:  Attached  Not Applicable    2. Has anyone at the property completed the [NCHM IZ/ADU training](https://www.nchm.org/product/managing-inclusionary-zoning-and-affordable-dwelling-unit-compliance/) in the last 2 years? Yes  No   **If Yes**: attach letter of attendance for any/all staff.    **If No**, *who will take this training and when?:*     1. **For sale units, include copies of the following documentation to DHCD when submitting this NOA:**    1. Latest/current budget for the condominium, cooperative or homeowner association.   Attached  Not Applicable   * 1. 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 | | | | | | | | | | | | | | |
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| **GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**  **1909 Martin Luther King Jr. Avenue SE, Washington, DC 20020 (202) 442-7221** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Utilities and Fees**  **Rental Properties: Put an answer in every box on this page, even if “N/A” (not applicable).  Sale Properties: Fill in the first 6 rows (heat through trash) + parking (5th from bottom).** | | | | | | |
| **Utility / Fee Type\*** | **Included in the rent/condo fee?** (Yes or No) | **Fee Type** (Required or Optional?) | **Frequency**  (One-time, Monthly, or Yearly; if One-time, when?) | **Amount** (include sliding scale ranges, if applicable) | **Same fee for market rate units?** (Yes or No; If No, explain in Notes) | **Notes**  (Answer any questions in this column; Provide any additional or clarifying information.) |
| **Heat** |  |  |  |  |  | Heat – gas or electric powered? |
| **Hot water** |  |  |  | *Determined by DHCD* |  | Hot water – gas or electric powered? |
| **Cooking** |  |  |  |  | Cooking – gas or electric powered? |
| **Electricity** |  |  |  |  |  |
| **Water & Sewer** |  |  |  |  |  |
| **Trash** |  |  |  | $ |  |  |
| Renter’s Insurance |  |  |  | $ |  | Minimum liability coverage amount? = $ , |
| 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.*

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| --- | --- | --- | --- | --- |
| **Parking Options**  Which options are available for residents at this address? Answer all items in this section. | | | | |
| **Option** | **Yes/No** | **Monthly fee** | | **Purchase Price** |
| DC Residential Parking Permit ([RPP](https://dmv.dc.gov/service/residential-parking-permits)) |  | Not Applicable | | Annual; resident to contact DMV for details |
| Garage (on-site) |  |  | |  |
| Surface parking (on-site) |  |  | |  |
| Other parking options/notes: | | | | |
| **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**  (*This is who DHCD lottery selectees should contact for property questions and tours.)* | | | | |
| **Name:** | | | **Email:** | |
| **Title:** | | | **Phone:** | |

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| |  | | --- | | **Section 3: Available Unit Information**  (If necessary, add additional rows/attach additional pages.) | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Unit #** | **# of Bedrooms\*** | **# of Dens\*** | **# of Bathrooms** | **Has bathtub?** (Y/N) | **Fully accessible?** (Y/N) | **Square Feet** | **Applicant Selection** \*\*  (DHCD or HSP) | **Estimated Date Available for Occupancy**  (MM/DD/YY) | **Monthly Condo or Homeowner Association Fees** | **Counters** (S= standard, L=lowered) | **Cabinets: under sinks?** (Y/N) | **Grab bars: installed?**  (Y/N) | **In-Unit Washer/Dryer** (ST: stacked, SI: side-by-side, N = none) | **Shower: roll-in?** (Y/N) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Unit Notes (if any): | | | | | | | | | | | | | | | |

*\* Bedrooms must contain both an external window and a closet. If it is missing one or the other, it is a den.*

*\*\* 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](http://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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