## **Declaration of Eligibility (DOE)**



Confirm you are eligible to rent/buy an IZ unit/ADU

- Each household member age 18 years or older must complete this form.
- Rental Units: This document shall be attached to the lease.
- Sale Units: This document shall be recorded with the deed.

First Name (given name):	Last Name (family name):	
I live at this address (include city, state and zip code):		
I work at this address (include city, state and zip code):		
I'm applying for an IZ unit/ADU at this address:		Unit(s):
Respond to the following statements.		
I am submitting this Declaration of Eligibility as part of my househ rider (for rentals) or contract (for purchases). I understand that th Inclusionary Development or Affordable Housing Covenant record	e unit is subject to the terms of the	☐ Yes ☐ No
Each member of my household has provided truthful documentat sources and amounts, all assets, current residential address, curre	<del>-</del>	☐ Yes ☐ No
My household's annual income is at or below the maximum annual household income for the IZ unit/ADU.		
My household will not spend more than 50% of our gross (pre-tax	annual income on housing costs.	☐ Yes ☐ No
I understand DHCD recommends that we not spend more than 38% of our gross (pre-tax) annual income on housing costs (if renting) or 41% (if purchasing).		
My household size meets the requirements of the IZ unit/ADU (at	least one person per bedroom).	☐ Yes ☐ No
Each member of my household will live in the IZ unit/ADU as their	principal residence.	☐ Yes ☐ No
We will not rent or sublet all or any part of the IZ unit/ADU, include	ling temporary rentals such as Airbnb.	☐ Yes ☐ No
I am enrolled as a full-time student at a college or university (eith	er in-person or online/virtually).	☐ Yes ☐ No
I am a dependent of my parents/guardians.		☐ Yes ☐ No
I currently DO  NOT own residential property. (If you own property, you must also check all below.)  I have completed the Homeownership Disclosure form and submitted it to DHCD; residential property.  I will give up my ownership before closing on the purchase of, or signing the lease for, the IZ unit/ADU; and  I will provide reasonable evidence to DHCD to confirm that I no longer own the property.  I certify that the information I provided on this form is true and complete to the best of my knowledge. I also acknowledge that making a false statement is punishable by criminal penalties under Title 22 of the District of Columbia Official Code.		
Signature: Date:		