



District of Columbia Department of Housing and Community Development  
Housing Regulation Administration – Rental Accommodations Division  
1909 Martin Luther King, Jr. Avenue, SE  
Washington, DC 20020  
(202) 442-9505

RAD Date Stamp

**90 DAY NOTICE TO VACATE**  
**FOR PERSONAL USE AND OCCUPANCY**

**SECTION 501(d) NOTICE**  
**D.C. OFFICIAL CODE § 42-3505.01(d) (Supp. 2008)**  
**14 DCMR §§ 4300 et seq.(2004)**

Internal Use Only  
C/O current: yes no n/a  
BBL current: yes no  
Reg. current: yes no

**THIS NOTICE MUST BE FILED WITH THE RENTAL ACCOMMODATIONS DIVISION**  
**WITHIN FIVE (5) DAYS OF THE DATE OF ISSUANCE TO THE TENANT**

TENANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT'S ADDRESS: \_\_\_\_\_

Dear Tenant:

This notice is sent to you pursuant to Section 501(d) of the District of Columbia Rental Housing Act of 1985, as amended (Act), codified as D.C.OFFICIAL CODE. § 42-3505.01(d) (Supp. 2008).

Section 501(d) of the Act provides that a natural person with a freehold (ownership) interest in your Rental Unit may recover possession of your Rental Unit where the person seeks in good faith to recover possession of your Rental Unit for the person's immediate and personal use and occupancy as a dwelling. The housing provider shall serve on you a ninety (90) day notice to vacate in advance of an action to recover possession of your Rental Unit in instances arising under Section 501(d). No housing provider shall demand or receive rent for your Rental Unit which the Housing Provider has repossessed under this subsection during the twelve (12) month period beginning on the date he/she will recover possession of your Rental Unit. A stockholder of a cooperative housing association who has the right to repossession in a Rental Unit may exercise the rights of a natural person of a freehold (ownership) interest under this subsection.

Attached is a copy of the Housing Provider's affidavit regarding personal use and occupancy submitted to the Rent Administrator, Rental Accommodations Division.

This notice is your ninety (90) day Notice to Vacate your Rental Unit by (date):

\_\_\_\_\_.

This notice is intended to be a Notice to Vacate, and you are hereby notified that the Housing Provider desires to have and gain possession of the Rental Unit occupied by you. You are notified to vacate the Rental Unit occupied by you as set forth above, no later than midnight on the date stated above.

In the event you fail to vacate the Rental Unit as stated, the Housing Provider is authorized to take any steps under D.C. law to evict you, including the filing of a suit in the Superior Court of the District of Columbia for possession of the Rental Unit.

Nothing herein shall be deemed to relieve you of your obligation to promptly pay all future rents when due (subject to any limitations herein), or to prevent the Housing Provider from suing for possession of the Rental Unit for any other reason whatsoever under D.C. law. You are also notified that the rent for the Rental Unit is due in accordance with your lease, up to and including the date by which you are required to vacate. Also, you will be liable for any damages arising from your continuing use and occupancy of the Rental Unit if you fail to vacate by the date specified in this notice and for any other claims of any type for damages which may arise out of any provision of the lease agreement.

This Rental Unit is registered with the Rental Accommodations Division. The Housing Provider's Registration Number is \_\_\_\_\_.

If you have any questions about this Notice, please direct them to the Rental Accommodations Division in writing at 1909 Martin Luther King, Jr. Avenue, SE, Washington, DC 20020. You may call (202) 442-9505, Monday through Friday from 8:30 am to 4:30 pm or visit the Housing Resource Center Monday thru Friday from 8:30 am to 3:30 pm.

Housing Provider's Business Address  
(No P.O. Box)

\_\_\_\_\_

\_\_\_\_\_  
Housing Provider's Name (print)

Owner  Authorized Agent

Title (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Housing Provider's Telephone Number and E-mail  
address:

\_\_\_\_\_  
Housing Provider's Signature

\_\_\_\_\_

**NOTE: This affidavit must be completed and signed by the owner(s) of the Housing Accommodation or Rental Unit when the Notice to Vacate is issued pursuant to Section 501(d) of the Act, codified at D.C. OFFICIAL CODE § 42-3505.01(d) (Supp. 2008). Each Owner of a Housing Accommodation shall complete a separate Affidavit.**

**OWNER'S AFFIDAVIT**

County: \_\_\_\_\_ to wit  
State: \_\_\_\_\_

I, (Owner's name) \_\_\_\_\_, been first duly sworn according to law, deposes and states as follows:

- (1) I am record owner of the following Housing Accommodation or Rental Unit (address):  
\_\_\_\_\_  
\_\_\_\_\_
- (2) I am currently leasing the Housing Accommodation or Rental Unit to (Tenant's name):  
\_\_\_\_\_
- (3) I intend to occupy and use this Housing Accommodation or Rental Unit for my own personal use and occupancy as a dwelling immediately, but not later than, \_\_\_\_ business days from the date of this Affidavit.
- (4) Upon recovery of the Housing Accommodation or Rental Unit from the Tenant, I will not demand or receive rent from the Tenant during the twelve (12) month period beginning on the date of recovery of possession of the Housing Accommodation or Rental Unit.
- (5) If I fail for any reason to regain possession and occupy said Housing Accommodation or Rental Unit within \_\_\_\_ business days from the date of this Affidavit, I shall notify the Rental Accommodations Division immediately.

Owner's Business Address (No P.O. Box)

\_\_\_\_\_  
Owner's Name (print)

Owner  Authorized Agent

Title (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Owner's Telephone Number and E-mail address:

\_\_\_\_\_  
Owner's Signature

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires (date): \_\_\_\_\_

**CERTIFICATE OF SERVICE**

*Note: If you file a Complaint in the Landlord and Tenant Branch of the Superior Court of the District of Columbia, you may be required to prove that you served this Notice correctly.*

I hereby certify that my name is (Please Print): \_\_\_\_\_ and I am authorized to serve the attached 90 Day Notice to Vacate for Personal Use and Occupancy under D.C. OFFICIAL CODE § 42-3505.01(d) (Supp. 2008).

I further certify that my age is \_\_\_\_\_ (must be at least 18 years old), and my business address is: \_\_\_\_\_

At the following time: \_\_\_\_\_ AM/PM and on the following date: \_\_\_\_\_, 20\_\_\_\_, I served the attached 90 Day Notice to Vacate for Personal Use and Occupancy under D.C. OFFICIAL CODE § 42-3505.01(d) (Supp. 2008) in both English and Spanish (check only one below):

By personal service upon the Tenant (insert name and address of Tenant):

\_\_\_\_\_

By substitute service upon (insert name and address of person served):

\_\_\_\_\_  
\_\_\_\_\_

***Description of person served for personal or substitute service:***

Approximate height: \_\_\_\_\_ Approximate weight: \_\_\_\_\_ Sex (m/f): \_\_\_\_\_

Approximate age: \_\_\_\_\_ Hair color: \_\_\_\_\_ Other: \_\_\_\_\_

By certified mail, with delivery confirmation, to (name and address of person served):

\_\_\_\_\_  
\_\_\_\_\_

By priority mail, with delivery confirmation, to (name and address of person served):

\_\_\_\_\_  
\_\_\_\_\_

By first class mail to (name and address of person served):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Process Server

**OPTIONAL NOTARIZATION:** *Notarization of this Certificate of Service regarding this 90 Day Notice to Vacate for Personal Use and Occupancy under D.C. OFFICIAL CODE § 42-3505.01(d) (Supp. 2008) is not required.*

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_