



District of Columbia Department of Housing and Community Development
Housing Regulation Administration – Rental Accommodations Division
1800 Martin Luther King Jr. Avenue SE, 2nd Floor
Washington, DC 20020
(202) 442-9505

RAD Date Stamp

Internal Use Only

C/O current:

yes no n/a

BBL current: yes no

Reg. current: yes no

120 DAY NOTICE TO VACATE
FOR SUBSTANTIAL REHABILITATION

SECTION 501(h) NOTICE

D.C. OFFICIAL CODE § 42-3505.01(h) (Supp. 2008)

14 DCMR §§ 4300 et seq. (2004)

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:

SUBSTANTIAL REHABILITATION PETITION # _____
WAS APPROVED BY THE OFFICE OF THE RENT ADMINISTRATOR ON
_____, 20__ , AUTHORIZING THE HOUSING PROVIDER TO
TEMPORARILY RELOCATE YOU IN ORDER TO SUBSTANTIALLY
REHABILITATE YOUR RENTAL UNIT AND NO APPEAL OR STAY IS PENDING.

This notice is being sent to you pursuant to Section 501(h)(1) of the District of Columbia Rental Housing Act of 1985, as amended (Act), codified as D.C. OFFICIAL CODE § 42-3505.01(h) (Supp. 2008).

D.C. OFFICIAL CODE § 42-3505.01(h) (Supp. 2008) provides that your Housing Provider may recover possession of your Rental Unit for the purpose of immediate, substantial rehabilitation of the Housing Accommodation if the requirements of D.C. OFFICIAL CODE § 42-3502.14 (Supp. 2008) and Subchapter VII of the Act at D.C. OFFICIAL CODE § 42-3507.01-.03 (Supp. 2008) have been met. Your Housing Provider shall serve on you a 120-day notice to vacate in advance of his or her action to recover possession of your Rental Unit. This notice to vacate shall comply with, and notify you of, your right to relocation assistance.

This letter is intended to be a Notice to Vacate within one hundred and twenty (120) days, as required by D.C. OFFICIAL CODE § 42-3505.01(h)(1) (Supp. 2008) and you are hereby notified that the Housing Provider desires to have and gain possession of your Rental Unit in one hundred and twenty (120) days from the date of your receipt of this Notice. You are notified to vacate your Rental Unit no later than midnight on (date): _____.

If you are displaced from your Rental Unit by the substantial rehabilitation of the Housing Accommodation in which your Rental Unit is located, you have the absolute right to re-rent your Rental Unit immediately after the rehabilitation is completed at the same rate if the Rent Administrator has determined that the alteration or renovations are necessary to bring rental unit into substantial compliance with the housing regulations.

If you are displaced by actions under this subsection, you are entitled to receive relocation assistance as set forth in subchapter VII of the Act at D.C. OFFICIAL CODE § 42-3507.01-.03 (Supp. 2008), if you meet the eligibility criteria of the Act. Pursuant to Section 703 of the Act, D.C. OFFICIAL CODE § 42-3507.03 (Supp. 2008), you are entitled to relocation assistance in the amount of \$300.00 per "Room," which is defined under the Act as any space sixty (60) square feet or larger which has a fixed ceiling and a floor and is subdivided with fixed partitions on all sides, but does not mean bathrooms, balconies, closets, pantries, kitchens, foyers, hallways, storage areas, utility rooms or the like. Further, under D.C. OFFICIAL CODE § 42-3507.03(a)(2) (Supp. 2008), you are entitled to relocation assistance in the amount of \$150.00 for each pantry, kitchen, storage area, and utility room that exceeds 60 square feet in area and for which you bear the cost of moving the majority of your furnishings. Notwithstanding the above, the amount of relocation assistance shall be adjusted by the mayor not more than once every twelve months and not less than once every three years after June 22, 2006. The amount of relocation assistance shall reflect the cost of moving, including transporting personal property, packing and unpacking, insurance of property while in transit, storage of personal property, the disconnection and reconnection of utilities and any other reasonable factors within the Washington/Baltimore SMSA. Therefore, according to the amount established for relocation assistance under D.C. OFFICIAL CODE § 42-3507.03(b) (Supp. 2008), the law requires that the Housing Provider provide you with relocation assistance in the total amount of \$_____.

If you notify the Housing Provider named below in writing at least ten (10) business days before you vacate your Rental Unit, you will receive the relocation assistance no later than one (1) day before you vacate your Rental Unit. If you do not notify the Housing Provider in writing at least 10 business days before you vacate your Rental Unit, you will receive the relocation assistance within thirty (30) days after you vacate your Rental Unit.

If you fail to pay rent as required during the one hundred twenty (120) day period during which this Notice to Vacate is effective, you may be evicted.

Nothing herein shall be deemed to relieve you of your obligation to promptly pay all future rents when due, including during the 120 day period for which this Notice to Vacate is effective, or deemed to prevent the Housing Provider from suing for possession, based upon non-payment of rent. 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 claims for any other 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 1800 Martin Luther King Jr. Avenue SE, 2nd Floor, Washington, DC 20020, call (202) 442-9505, or visit the Housing Resource Center on 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

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 Quit and Vacate is issued pursuant to Section 501(h) of the Act, codified at D.C.OFFICIAL CODE § 42-3505.01(h) (Supp. 2008). Each Owner of a Housing Accommodation shall complete a separate Affidavit.

OWNER'S AFFIDAVIT

County: _____ to wit
State: _____

I, (Owner's name) _____, having been first duly sworn according to law, depose and state as follows:

(1) I am the 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) The tenant(s) of the Housing Accommodation or Rental Unit is/are also identified in the attached one hundred and twenty (120) day Notice to Vacate for Substantial Rehabilitation pursuant to Section 501(h) of the District of Columbia Rental Housing Act of 1985, as amended (Act) and codified as D.C.OFFICIAL CODE § 42-3505.01(h) (Supp. 2008).

(4) The substantial rehabilitation petition regarding said Housing Accommodation or Rental Unit has been approved by the Rent Administrator.

(5) If I fail for any reason to substantially rehabilitate said Housing Accommodation or Rental Unit according to the aforementioned substantial rehabilitation petition, I shall notify 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

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 120 Day Notice to Vacate for Substantial Rehabilitation under D.C. OFFICIAL CODE § 42-3505.01(h) (Supp. 2008).

I further certify that my age is _____, and my business address is: _____
_____.

At the following time: _____ AM/PM and on the following date: _____, 20____, I served the attached 120 Day Notice to Vacate for Substantial Rehabilitation under D.C. OFFICIAL CODE § 42-3505.01(h) (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 120 Day Notice to Vacate for Substantial Rehabilitation under D.C. OFFICIAL CODE § 42-3505.01(h) (Supp. 2008) is not required.*

Subscribed before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

Assistance for Tenants & Housing Providers

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| These organizations can help housing providers and tenants. |
| Apartment and Office Building Association of Metro Washington* |
| 1050 17 th Street, NW, Suite 300 |
| Washington, DC 20036 |
| (202) 296-3390 |
| www.aoba-metro.org |
| American University Washington College of Law*** |
| Community and Economic Development Law Clinic |
| 4801 Massachusetts Avenue NW |
| Washington, DC 20016 |
| (202)274-4000 |
| www.wcl.american.edu/clinical |
| Archdiocesan Legal Network of Catholic Charities ** |
| 924 G St., NW |
| Washington, DC 20001 |
| (202) 772-4300 |
| http://www.catholiccharitiesdc.org |
| DC Bar Pro Bono Program Legal Advice and Referral Clinic/ Bread for the City |
| 1525 7 th Street, NW |
| Washington, DC 20001 |
| (202) 265-2400 |
| <i>and</i> |
| 1640 Good Hope Road, SE |
| Washington, DC 20020 |
| (202) 561-8587 |
| www.breadforthecity.org |
| DC Bar Association Referral Service |
| (202) 296-7845 |
| www.badc.org/html/lawref.htm |
| DC Law Students in Court Program |
| 806 7 th Street, NW, Suite 300 |
| Washington, DC 20001 |
| (202) 638-4798 |
| www.dclawstudents.org |
| Department of Consumer and Regulatory Affairs |
| 1100 – 4 th Street, SW |
| Washington, DC 20020 |
| (202) 442-4400 |
| www.dkra.dc.gov |
| Department of Housing and Community Development |

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| Housing Regulation Administration, Rental Accommodations Division |
| Housing Resource Center |
| 1800 Martin Luther King, Jr., Ave., SE, |
| Washington, DC 20020 |
| (202) 442-9505 |
| www.dhcd.dc.gov |
| Dept. of Housing and Community Development |
| Housing Provider Ombudsman* |
| 1800 Martin Luther King, Jr. Avenue, SE |
| Washington, DC 20020 |
| (202) 442-9505 |
| www.dhcd.dc.gov |
| Housing Counseling Services |
| 2410 17 th St. NW, Suite 100 |
| Adams Alley Entrance |
| Washington, DC 20009 |
| (202) 667-7006 |
| www.housingetc.org |
| Landlord/Tenant Resource Center |
| Superior Court Building B, Room 115 |
| 510 4 th Street, NW |
| Washington, DC 20001 |
| (202) 508-1710 |
| http://www.dccourts.gov/dccourts/superior/civil/landlord_tenant.jsp |
| Latino Economic Development Corporation |
| 2316 18 th Street, NW |
| Washington, DC 20009 |
| http://www.ledcdc.org/ |
| Legal Aid Society of the District of Columbia |
| <i>Main office</i> |
| 1331 H Street, NW, Suite 350 |
| Washington, DC 20005 |
| (202) 628-1161 |
| <i>and</i> |
| 2041 Martin Luther King Jr. Ave, SE, #400 |
| Washington, DC 20020 |
| (202) 628-1161 |
| <i>and</i> |
| Legal Counsel for the Elderly |
| 601 E Street, NW, Suite A4400 |
| Washington, DC 20049 |
| (202) 434-2170 |
| www.aarp.org/lce |
| Office of Administrative Hearings |
| One Judiciary Square |
| 441 – 4 th Street, NE, Suite |
| Washington, DC 20001 |

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| (202) 442-9091 |
| www.oah.dc.gov |
| Office of the Tenant Advocate |
| 1250 U Street, NW, 4 th Floor |
| Washington, DC 20002 |
| (202) 719-6560 |
| www.ota.dc.gov |
| Rental Housing Commission |
| One Judiciary Square |
| 441 – 4 th Street, NW Suite 1140N |
| Washington, DC 20002 |
| (202) 442-8535 |
| www.dhcd.dc.gov |
| Small Apartment Owners Association |
| 1250 Connecticut Avenue, N.W., #200 |
| Washington, D.C. 20036 |
| (202) 889-1300 |
| www.dcsaoa.org |
| * For Housing Providers only |
| ** For Tenants only |
| *** For Tenant Associations only |