



**District of Columbia**  
**Department of Housing and Community Development**  
**Rental Accommodations Division (RAD)**  
 1909 Martin Luther King, Jr. Avenue, S.E.  
 Washington, DC 20020  
 (202) 442-9505

RAD Date Stamp

RAD Form 24 (08/2020)

# TENANT PAYMENT PLAN COMPLAINT

This tenant payment plan complaint is filed under the provisions of § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281  
Please type or print clearly, complete all areas, and make sure to sign the form.  
ATTACH ADDITIONAL PAGES FOR RESPONSES, IF NEEDED.

### RAD Use Only

Case number	Intake Representative	Date Filed
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Email	Approved for Filing By	Date Approved for Filing
RAD Registration/Exemption Number	Basic Business License Number & Expiration Date	Certificate of Occupancy Number

TO FILE THIS COMPLAINT, TENANT(S) MUST PROVIDE:

- Proof of tenancy, including rent receipts, cancelled checks, or a copy of a lease.
- Copy of Tenant Payment Plan Application and any related documentation.
- If filing Complaint by hardcopy: Original & 4 copies of this Complaint and all supporting documentation.
- If filing Complaint electronically: This Complaint must be signed and in a pdf format with any supporting documentation and emailed to [dhcd.rad@dc.gov](mailto:dhcd.rad@dc.gov).

### Part 1 – Tenant Information

Who is filing this Complaint? <input type="checkbox"/> Tenant <input type="checkbox"/> Tenant Representative			
Name of tenant(s) or representative			Email Address
Cell phone	Home phone	Work phone	
Date when you became a tenant of the property for which this Complaint is being filed:		Current monthly rent you are charged	
<b><i>Street address of property that is subject of this Tenant Payment Plan Complaint</i></b>			
Street Address (No P.O. Box)			
Unit(s)	City	State	Zip Code
<b><i>Current Address of Tenant(s) (if different than above)</i></b>			
Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Complainant(s)' Representative (Attorney or Other) information (if applicable)**

Name of Representative		Email Address	
Cell phone	Home phone	Work phone	
Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Part 2 – Housing Provider Information**

<b>Name of Owner of Housing Accommodation</b>		Email Address	
Cell phone	Home phone	Work phone	
Housing Provider's Street Address (No P.O. Box)			
Unit	City	State	Zip Code

<b>Title/Name of Agent of Housing Provider</b> (check the appropriate box for Title): <input type="checkbox"/> Property Manager <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Other: _____		Email Address	
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Cell phone	Home phone	Work phone	
Agent's Street Address (No P.O. Box)			
Unit	City	State	Zip Code

**Part 3 – Tenant Complaint**

I/We believe that the housing provider improperly denied my request for a tenant repayment plan, which violates § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281 for the following reason(s) (check all that apply below):

- A. The housing provider did not create a process for payment plan.
- B. The housing did not timely notify me of the availability of a tenant payment plan.
- C. The housing provider did not accept my evidence of financial hardship resulting directly or indirectly from the public health emergency.
- D. The housing provider did not provide an online or telephone application approval process.
- E. The tenant payment plan includes invalid terms and/or conditions (e.g., a shorter term than one year, no equal monthly installment payments, lump sum payments, etc.).
- F. The housing provider denied my tenant payment plan based on an existing delinquency or a future inability to make rental payments established before the public health emergency.
- G. The housing provider and I entered into a written payment plan, however the housing provider refuses to implement the payment plan.
- H. Other (describe with specificity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 4 - Complaint Details**

Use this space to describe in detail the events, dates, experiences, and observations that cause(d) you to file this Tenant Payment Plan Complaint.

THIS SECTION MUST BE COMPLETED IN ORDER TO FILE THIS TENANT COMPLAINT.

ATTACH ADDITIONAL PAGES, IF NEEDED.

**Part 5 – Certification**

I/We understand that:

- It is my/our responsibility to report any substantive changes in the information provided here, while this Tenant Payment Plan Complaint is pending.
- Any Tenant Payment Plan Complaint filed with RAD must result from a reasonable belief based upon available evidence that a violation of § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281 occurred.
- A Tenant Payment Plan Complaint must contain a description or explanation of alleged denial of the Complainant's tenant payment plan and violation of § 402 of the Coronavirus Support Emergency/Temporary/Congressional Review Emergency Amendment Act of 2020, codified at § 42-3281.
- I declare under penalty of law for making a false statement, as set out in D.C. Official Code § 22-2405, that the foregoing representations and statements are true and correct to the best of my knowledge, information, and belief.

I/We hereby certify that the information that I/we will give on this form, according to the best of my knowledge and belief, is correct.

Signature of Tenant/Tenant Representative

Date

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