



Instructions for Notice of Availability of Inclusionary Unit

14 D.C. Municipal Regulations § 2206 (2009)

Purpose

The Developer of an Inclusionary Development is required to file the Notice of Availability (NOA) with the Department of Housing and Community Development (DHCD) after they complete construction on the Inclusionary Development and submit an application for a Certificate of Occupancy to the Department of Consumer and Regulatory Affairs (DCRA), but before DCRA conducts a final inspection of the Inclusionary Units.

When to submit?

Initial NOA for a new IZ Unit: This form must be filed before the date of the certificate of occupancy final inspection by DCRA.

Filing a NOA for a vacant IZ Rental Unit: The Owner of an Inclusionary Development is required to file a NOA if a tenant in an Inclusionary Rental Unit gives notice of their intent to vacate. This form must be filed no later than seventeen (17) days after the IZ Tenant gives notice to vacate or the owner becomes aware that the tenant intends to vacate.

Filing a NOA at re-sale of an IZ Unit: The owner of a For Sale Inclusionary Unit is required to file a NOA if they plan to sell their Unit. This form must be filed at least forty-five (45) days before the Owner markets their IZ Unit or thirty-five (35) days before a lottery is conducted for the Unit.

Completing the form

Name of the Inclusionary Development in which the Unit is located

Permit Filing Date (with DCRA)

Development Address: Address of the IZ Development. If filing this NOA form for multiple IZ Units in the same Development, check the box labeled "Multiple" and list details of each unit in the charts on pages 3-7.

Website for IZ Development (If Applicable)

IZ Development Owner: Name of Individual or Corporate Owner

Authorized representative information: Name, Relationship to Owner

Owner Address: Address of IZ Development Owner

Contact Information: Owner's Phone, Fax Number and Email address

Inclusionary Development Information: check all that apply to the Inclusionary Development in which the unit(s) is(are) located and fill in the blanks to the left

Required Attachments:

- **Fees & Costs:**
 - For each initial NOA: list all fees associated with the IZ Unit or IZ Development in which the Unit is located and attach a description of how the listed fees will be charged. If the unit is associated with a condominium, cooperative, or homeowner association, include in the attachment the budget, fees, and formula for determining fees for both Market Rate Units and IZ Units.
 - For resale or rentals after initial lease-up, list all fees associated with the IZ Unit or IZ Development in which the Unit is located.
- **Capital Improvements (CI's):** Include an attachment which lists all CI's and upgrades made to the Unit for consideration by DHCD in setting a Maximum Resale Price.

Sign, Date and Print the Name of the Owner

Inclusionary Units Information: Provide complete information about the Inclusionary Units by filling out the tables on Pages 3-7 of the NOA form. (Far right column and bottom information are for DHCD office use only)

Frequently Asked Questions

Am I required to Submit a NOA if I can find my own buyer for an IZ unit?

All IZ units are filled through a lottery of registered and eligible tenants. Unless a waiver is granted by DHCD, an IZ Unit Owner or Development Owner may not sell IZ units to a buyer of their choosing.



Notice of Availability of Inclusionary Unit

Filing Date Stamp

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Owner Information

Inclusionary Development (ID):

Name of ID (Marketing Name if Different)

Permit Filing Date:

Date Building Permit with DCRA (if Applicable)

Development Address :

Street Address

Multiple (see pages 3-7)

Unit # (if multiple, list and detail on pages 3-7)

Washington

DC

City

State

ZIP Code

Website for Inclusionary Development (if applicable):

IZ Development Owner:

Name of Individual Owner or Corporate Owner

Authorized Representative:
(if different than Owner)

Last

First

M.I.

Relationship to Owner

Owner Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone : ()

Fax: ()

E-mail Address:

Inclusionary Development Information

Check All of the Following that apply to this development:

- Pool
- Theater
- Clubhouse
- Gated Facility
- Carded Entry for Gate
- Sidewalks
- Emergency Exits
- Dumpsters
- Work-out Room
- Within Paratransit Route
- Community Shuttle
- Sign Language Friendly
- Entry Door Intercom
- Automatic Door Entry
- Deadbolt at Entry Door
- Accessible Elevators
- Secured Entry to Building

Is (are) the Inclusionary Unit(s) in this Inclusionary Development: Rental Sale Both (specify on pg 3)

Distance from the Property to a Bus Stop: _____ Metro Station: _____ Playground: _____

What year was this property built? _____

Required Attachments

<p>Fees & Costs <i>(Initial sale/rent)</i></p>	<p>For the initial sale or rent of inclusionary units, list the amount of all optional or required fees and costs related to the unit or development on page 7 of this form. For each fee listed on page 7, include an attachment describing (1) the fee/cost and how it will be charged, and (2) If applicable, the budget for the condominium, cooperative, or homeowner association, the condominium, cooperative, or homeowner association fee for each Market Rate Unit and each Inclusionary Unit, and the formula by which such fee is assessed. If condominium fees exceed those estimated on the Maximum Price and Rent Schedule, published annually by the Deputy Mayor's Office of Planning and Economic Development, please contact the Inclusionary Zoning Manager at the Department of Housing and Community Development (DHCD).</p>	<p><u>Attachment:</u> <input type="checkbox"/>Yes <input type="checkbox"/>N/A</p>
<p>Fees & Costs <i>(Resale or rent)</i></p>	<p>For the resale or subsequent rental of inclusionary units, list the amount of all required upfront or recurring fees and costs related to the unit or development on page 7 of this form.</p>	<p><u>Attachment:</u> <input type="checkbox"/>Yes <input type="checkbox"/>N/A</p>
<p>Capital Improvements <i>(For Sale Units Only)</i></p>	<p>For the resale of for-sale inclusionary units, attach an itemized list of all capital improvements and upgrades made to the Inclusionary Unit for DHCD to consider in establishing the Maximum Resale Price. Support each claim with documentation (e.g., contracts, receipts, photos).</p>	<p><u>Attachment:</u> <input type="checkbox"/>Yes <input type="checkbox"/>N/A</p>

Certification

I certify that the information I provided in this NOA is true and complete to the best of my knowledge. I acknowledge that DHCD may rely on this information as true and complete. I understand that any false statements contained in this NOA shall be punishable by criminal penalties. I also certify that all of the information I provided in this NOI is consistent with the Certificate of Inclusionary Zoning Compliance and the plats and plans attached thereto. I understand that within five (5) days of filing this NOA I am required to register each applicable Inclusionary Unit with the housing locator website created and maintained by DHCD at www.DCHousingSearch.org. I understand failing to register the applicable Inclusionary Units 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.).

Signature of Owner or Authorized Representative:

Date:

Print:

