



Registration or Claim of Exemption for Housing Accommodation

RAD USE ONLY

C/O Number	BBL Number	Registration/Exemption No.	
Intake Rep.	Fee per Unit	Total Reg. Fee	Proof of Ownership

Instructions for Housing Providers

All housing accommodations in the District of Columbia must be registered with the Rental Accommodations Division (RAD), using this form. Any claim of exemption from rent stabilization must be filed using this form. Use this form to claim an exemption for any rental unit that qualifies. Proof of ownership, unexpired business license, and most recently-issued certificate of occupancy (if applicable) must be attached and filed with this form. **Please see RAD Form 1 Instructions for more detail.**

Part 1: Address of Housing Accommodation

Register only one street address per form, *except* for multi-building housing complexes with multiple addresses operating under one business license. See instructions for details. For cooperative housing units rented out by the owner/proprietary leaseholder, attach evidence of authorization from the cooperative housing association for rental use of the unit.

Street number and name				Quadrant	Unit (if only 1)
City, State Washington, DC	Zip	Square, Suffix, Lot	Ward	Trade/Common name (if used)	

Part 2A: Property Owner's Information

Name		Street number and name (no P.O. Box)		Quadrant	Unit
City, State	Zip	Email		Telephone	
Business type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other:				Partners/members/owners	
Trade name or doing business as				Title to property held by multiple persons: <input type="checkbox"/> no <input type="checkbox"/> yes If yes, attach list of all above information for each owner or list in Part 4	

Part 2B: Sublessor (if applicable; attach evidence of authorization from Property Owner)

Name		Street number and name (no P.O. Box)		Quadrant	Unit
City, State	Zip	Email		Telephone	
Business type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other:				Partners/members/owners	

Part 2C: Registered agent for service of process (required for owners residing outside DC):

Name		Street number and name (no P.O. Box)		Quadrant	Unit
City, State Washington, DC	Zip	Email		Telephone	

Part 2D: Property manager/managing agent:			
Name	Street number and name (no P.O. Box)		Quadrant
City, State	Zip	Email	Telephone
Business type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other:		Trade name or doing business as	
Name & job title of primary responsible employee/agent (if applicable)		Direct email	Direct telephone

Part 3: Description of Housing Accommodation

Building/structure type: Multifamily Single-family house 2-unit/Duplex Condominium
 Cooperative Rooming house Boarding house Basement unit English basement Carriage house/accessory dwelling Other:

Total number of rental units:

Total efficiencies:	Total 1-bedroom units:	Total 2-bedroom units:
Total 3-bedroom units:	Total 4-bedroom units:	Total 5-bedroom+ units:

List of all rental units (check if separate page attached):

Unit No.	Vacant	Bedrooms	Current monthly rent charged (if rent stabilized)	OR	Exemption reason (check <input type="checkbox"/> if same for all) (see Part 4)
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		
	<input type="checkbox"/>		\$		

The Rental Housing Act of 1985 defines “rent charged” as “the entire amount of money, money's worth, benefit, bonus, or gratuity a tenant must actually pay to a housing provider as a condition of occupancy or use of a rental unit, its related services, and its related facilities, pursuant to the Rent Stabilization Program.” D.C. Official Code § 42-3501.03(29A).

Part 4A: Claim of Exemption

If you claim that any rental unit listed above is exempt from the Rent Stabilization Program pursuant to § 205(a) of the Rental Housing Act of 1985 (D.C. Official Code § 42-3502.05(a)) and 14 DCMR § 4106, you must check the applicable box(es) below and enter the applicable letter above in Part 3.

- A. *Government subsidies (§2.05(a)(1)):* The housing accommodation or rental unit is: owned by the federal or District government; or the mortgage or rent for the housing accommodation or rental unit is subsidized by the federal or District government, not including the Tenant Assistance Program under Title III of the Rental Housing Act of 1985. The subsidy began on (date) _____. If any rental unit in the housing accommodation has ever been subject to rent stabilization, enter the last lawfully determined rent charged for the unit above in Part 3. NOTE: If the subsidy is tenant-specific, rather than directly tied to the rental unit enter the last lawfully determined rent charged under rent stabilization and file RAD Form 2 (Amended Registration) for the unit to claim this exemption. Attach a copy of proof of government ownership, contract, covenant, promissory note, or deed of trust.
- B. *New construction (§ 2.05(a)(2)):* The building permit for the housing accommodation was issued after December 31, 1975 or some of the rental units were newly created in or added to an existing structure or housing accommodation and are covered by a Certificate of Occupancy issued after January 1, 1980. Check here if the housing accommodation was constructed following the demolition of a housing accommodation that was subject to

rent stabilization, which contained ____ rental units. Do not claim this exemption if the current housing accommodation contains an equal or smaller number of rental units. Attach the applicable building permit or Certificate of Occupancy and enter the issuance date here: _____.

- C. *Small landlord* (§ 2.05(a)(3): The rental units or cooperative units listed on this form are owned, directly or indirectly, by four or fewer natural persons who, in the aggregate, own, directly or indirectly, four or fewer rental units in the District of Columbia. Complete owners and rental unit information in Part 4B **and** Check Box E.
- D. *Continuously vacant* (§ 2.05(a)(4): The housing accommodation was continuously vacant from January 1, 1985 to at least July 17, 1985, or was continuously vacant from January 1, 1980 to at least March 4, 1981, and was in substantial compliance with the housing regulations when offered for rent. The housing accommodation was first re-occupied on (date) _____.
- E. *Co-op units* (§ 2.05(a)(5): One or more of the rental units listed on this form are owned by a cooperative housing association and the proprietary lease(s) for those units are owned, directly or indirectly, by four or fewer natural persons who, in the aggregate, own, directly or indirectly, four or fewer rental units in the District of Columbia. Complete owners and rental unit information in Part 4B. Attach a cooperative association letter authorizing the lease of the rental unit(s).
- F. *Building Improvement Plan* (§ 2.05(a)(7): The housing accommodation is subject to a building improvement plan under the Apartment Improvement Program administered with grant funds under the Housing and Community Development Act of 1974 (42 U.S.C. §§ 5301 *et seq.*) and a certification signed by the tenants of 70% of the occupied rental units was filed with the Rental Accommodations Division at the time it was executed, on (date) _____. Attach a copy of the building improvement plan covenant or promissory note.
- G. *DHCD assistance* (§ 2.05(a)(7): The housing accommodation receives rehabilitation assistance under a multi-family assistance program of the Department of Housing and Community Development, which began on (date) _____. Attach a copy of the building improvement plan covenant or promissory note.
- X. *Excluded rental units* (§ 2.05(e): If this housing accommodation must be registered but also contains any units that are excluded from the Rental Housing Act of 1985, list the unit(s) in Part 3 and enter "X" as the exemption reason if the unit is: (1) operated by a foreign government as diplomatic housing; (2) a care and treatment facility; (3) a dormitory; or (4) part of a non-profit services program approved by the Rent Administrator. For non-profit services programs, attach a copy of the Rent Administrator's exclusion order.

Part 4B: Exemptions C and E (small landlord and cooperative):

Enter the following information for **each individual** (other than the owner listed in Part 2) who has a direct or indirect ownership interest in the housing accommodation. See 14 DCMR § 4107 for details. If more than four individuals qualify, you may not claim either exemption C or E.

(2) Name		Street number and name (no P.O. Box)		Quadrant	Unit
City, State	Zip	Email	Telephone		
(3) Name		Street number and name (no P.O. Box)		Quadrant	Unit
City, State	Zip	Email	Telephone		
(4) Name		Street number and name (no P.O. Box)		Quadrant	Unit

City, State	Zip	Email	Telephone
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Enter the following information for **each rental unit** (other than the unit listed in Part 1) that is owned, directly or indirectly, by the individuals listed above. If more than four rental units are owned, you may not claim either exemption C or E.

(2) Street number and name					Quadrant	Unit(s)
City, State Washington, DC	Zip	Square, Suffix, Lot	Ward	Trade/common name (if used)		
(3) Street number and name					Quadrant	Unit(s)
City, State Washington, DC	Zip	Square, Suffix, Lot	Ward	Trade/common name (if used)		
(4) Street number and name					Quadrant	Unit(s)
City, State Washington, DC	Zip	Square, Suffix, Lot	Ward	Trade/common name (if used)		

Part 5: Related Services & Facilities (rent stabilized only)

NOTE: Related services and facilities are defined by the Rental Housing Act. The list below does not cover all possible related services and facilities. Failure to include an item on this list does not mean the housing provider is excused from any provision if a service or facility is provided as part of the rent charged for a unit.

In-unit		Building-wide		
Appliances:	(in select units)	Service/facility	(included)	(separate fee)
<input type="checkbox"/> Air conditioning: forced air	<input type="checkbox"/>	<input type="checkbox"/> Air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air conditioning: window/wall	<input type="checkbox"/>	<input type="checkbox"/> Cable/Satellite TV	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooking range	<input type="checkbox"/>	<input type="checkbox"/> Concierge	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dishwasher	<input type="checkbox"/>	<input type="checkbox"/> Community room	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fireplace	<input type="checkbox"/>	<input type="checkbox"/> Doorman	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/> Electric Car Charging Station	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oven	<input type="checkbox"/>	<input type="checkbox"/> Elevator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heat: forced air	<input type="checkbox"/>	<input type="checkbox"/> Firepit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heat: radiator	<input type="checkbox"/>	<input type="checkbox"/> Fireplace	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hot water	<input type="checkbox"/>	<input type="checkbox"/> Grill	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ice maker	<input type="checkbox"/>	<input type="checkbox"/> Fitness room	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intercom	<input type="checkbox"/>	<input type="checkbox"/> Heat: radiator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Internet - Broadband	<input type="checkbox"/>	<input type="checkbox"/> Heat: forced air	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Internet - Wi-Fi	<input type="checkbox"/>	<input type="checkbox"/> Hot tub	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Laundry - dryer	<input type="checkbox"/>	<input type="checkbox"/> Hot water	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Laundry - washer	<input type="checkbox"/>	<input type="checkbox"/> Internet: Wi-Fi	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Microwave - built-in	<input type="checkbox"/>	<input type="checkbox"/> Internet: wired	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Microwave - countertop	<input type="checkbox"/>	<input type="checkbox"/> Intercom	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> Laundry rooms ____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Maid/cleaning	<input type="checkbox"/>	<input type="checkbox"/> Lobby assistant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/> Maid/cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Utilities included in rent charged		<input type="checkbox"/> Parking attendant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural gas		<input type="checkbox"/> Parking - assigned	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electricity		<input type="checkbox"/> Parking spaces ____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water & sewer		<input type="checkbox"/> Patio	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trash pickup		<input type="checkbox"/> Pest extermination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Picnic area	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Repair staff	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Roof deck	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Sauna	<input type="checkbox"/>	<input type="checkbox"/>

Architectural Features	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Balcony	<input type="checkbox"/>	Security guard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Den	<input type="checkbox"/>	Storage - bicycle	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Number of Closets	<input type="checkbox"/>	Storage - general	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pantry	<input type="checkbox"/>	Sunroom	<input type="checkbox"/>	<input type="checkbox"/>
		Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>
		Telephone service	<input type="checkbox"/>	<input type="checkbox"/>
		Other	<input type="checkbox"/>	<input type="checkbox"/>

Part 6: Housing Regulation Compliance (rent stabilized only)

Complete either section A or B

A. The following substantial violations of the housing regulations, including the District of Columbia Housing Code and Property Maintenance Code, are currently found and unabated in the housing accommodation:

Check if separate list attached. Check if copies of official notices attached.

Condition or code section	Location	Discovery date

B. I, the undersigned housing provider or agent thereof, swear and affirm under penalty of perjury that the housing provider has reasonably and thoroughly inspected the housing accommodation within the six (6) months prior to the filing of this form, and the housing provider does not know of any substantial violations of the housing regulations, including the District of Columbia Housing Code and Property Maintenance Code:

Signature	Date
Print name	Name of housing provider, if different

Part 7: Rate of Return (rent stabilized only)

The rate of return for this housing accommodation is ____%, as determined in accordance with D.C. Official Code § 42-3502.12 and 14 DCMR § 4209, using the prior twelve (12) months as the reporting period. See instructions and attach a worksheet showing required calculations.

Part 8: Certification by Housing Provider

I, the undersigned housing provider or agent thereof, certify that the information I have given on this form is complete, true, and accurate to the best of my knowledge, information, and belief. If I am not the owner of this housing accommodation, I certify that I have authority from the owner to complete and file this form with the information provided. In signing this form, I understand that filing false statements with the Rental Accommodations Division is subject to a fine of up to \$5,000 under the Rental Housing Act of 1985, in addition to other penalties under District of Columbia law.

Signature of housing provider or agent	Date
Print name	Title (if applicable)

Attachments

Check the box for applicable attachments:

- [] Copy of valid basic business license (required)
- [] Copy of valid certificate of occupancy (if applicable)
- [] Copy of the property recorded deed (required)
- [] Part 1: Multi-building housing complex with multiple addresses (list address, lot, square and suffix, ward, and trade/common name (if applicable) for each address)

- [] Part 1: for cooperative unit(s) attach an authorization letter from the cooperative housing association permitting rental use of the unit
- [] Part 2: All partner/member/owner names of owner, including address, email address, and telephone number for each party
- [] Part 2: All sublessor names, including address, email address, and telephone number for each party
- [] Part 2: Copy of an authorization letter from owner(s) to sublease rental unit(s)
- [] Part 3: List of all units indicating whether the units are vacant, the number of bedrooms, current monthly rent charged or exemption reason
- [] Part 4, Exemption A: Copy of proof of government ownership, contract, covenant, promissory note, or deed of trust
- [] Part 4, Exemption B: Copy of building permit or certificate of occupancy (as applicable)
- [] Part 4, Exemption E: Copy of cooperative association letter authorizing the lease of the rental unit(s)
- [] Part 4, Exemption F: Copy of building improvement plan covenant or promissory note
- [] Part 4, Excluded Rental Units: Copy of Rent Administrator's exclusion order'
- [] Part 6: List of housing code violations
- [] Part 6, Copy(ies) of official pending housing code violation(s)
- [] Part 7, Rate of Return: worksheet showing calculations