

## Department of Housing and Community Development Rental Accommodations Division Housing Resource Center, 1st Floor 1909 Martin Luther King, Jr. Avenue, S.E. Washington, D.C. 20020 | (202) 442-9505

## **AMENDED REGISTRATION**

## TO BE FILED WITHIN 30 DAYS OF CHANGES IN REGISTRATION/EXEMPTION INFORMATION

Use this form for any changes to the information reported on RAD Form 1, **except** a change in the rent charged, a change in ownership, or a loss of exemption from the Rent Stabilization Program. However, use this form for changes in exemption status based on tenant-specific subsidies (e.g., Housing Choice Vouchers). See RAD Form 2 instructions for more detail.

Post this form at the housing accommodation or serve on all tenants in accordance with 14 DCMR § 4101.6 within fifteen (15) days of filing, except when changing tenant-specific subsidy exemptions.

Part 1: Identification of H		ommodation							
Street number and name						adrant	Unit (i	f only 1)	
City, State Washington, DC	Zip	Square, S	uffix,	Ward	Trade/common name (if used			used)	
Washington, DO		Lot							
Registration/Exemption	No.	Certificate applicable	pancy (if	ncy (if Basic Business Licer No. & Expiration Date					
Part 2: Identification of P	roperty Owi	ner							
Name Title to property held by multiple persons: □ no □ yes, names:									
Business type  Corporation Partnership  LLC Sole proprietor Other:  Trade name or doing business as									
Part 3: The registration information has changed as follows:									
[] Owner's busines	ss informat	tion							
Attach separate list if mor						_		T	
Name	Street numbe			<b>e</b> (no P.C	). Box)	Quadra	ınt	Unit	
City, State	Zip	Email Te			Telepho	elephone			
Basic Business License number Certificate of Occupancy number									
[] Sublessor's business information									
Attach separate list if more than one sublessor's information has changed and the owner's letter authorizing the sublessor to rent the rental unit or housing accommodation.									
Name		Street number and name (no P.O.				Quadra	int	Unit	
City, State	Zip	Email			Telephone				
Basic Business License	Certificate of Occupancy number								

Agent's identity or contact information									
Registered agent for service of process (required for non-resident owners):									
			Street number and name (no P.O. Box)				Quadrant	Unit	
City, State	•	Zip	Email				Telepho	ne	
Washingto		-					•		
	manager/man	aging ag	ent:						
			Street num	et number and name (no P.O. Box)			Quadrant	Unit	
City, State	ty, State Zip Email						Telephone		
Business type  Corporation Partnership LLC Sole proprietor Other:									
Name & job title of primary responsible employee/agent (if applicable)			Dire	ect email	Direct telephone			one	
	nange in relat	ed servic	es or facilitie	es (re					
Petition number SF Petition approval date									
Service or facilities changed (list all)					Nature of change  □ Added □ Increased □ Reduced □ Eliminated □ Added □ Increased □ Reduced □ Eliminated □ Added □ Increased □ Reduced □ Eliminated				
RAD Form 9 filing date (if rent adjusted)  Explanation of change(s) and list affected rental units  Effective date of change(s)									
[] Tenant subsidy exemption									
			Ne	w exe	mptions				
Unit no.	Prior rent charged	Subsi	dy program			Ef	fective da	te	
	\$								
	\$								
	\$								
	\$								
			Endi	ing ex	cemptions	3			
If increasing the rent charged for an <u>occupied</u> rental unit, you must serve the tenant with RAD Form 8 attach a copy when filing this form with RAD. If the unit is <u>vacant</u> , use the new tenant disclosure forms to notify the incoming tenant that the rent charged is based on the rent adjustment shown here. <b>You must</b> attach a worksheet to this RAD Form 2 showing your computations for the new rent charged.									
Unit no. Last rent New rent Unit vacant Effective date									
	charged	charg	ged						
	\$	\$							
	\$	\$							
	\$	\$							
	\$	\$		1					
				1					

Р	art 4:	Certification by housing provider					
is of W R 19	comp this hith the ental 985, in	plete, true, and accurate to the best of my knownousing accommodation, I certify that I have a be information provided. In signing this form, I was accommodations Division is subject to a fine on addition to other penalties under District of C	certify that the information I have given on this form wledge, information, and belief. If I am not the owne uthority from the owner to complete and file this formunderstand that filing false statements with the of up to \$5,000 under the Rental Housing Act of columbia law.				
S	ignatı	ure of housing provider or agent	Date				
Р	rint na	ame	Title (if applicable)				
<u>A</u>	ttach	ments					
С	heck	the box for applicable attachments:					
[	]	Part 1, Multi-Building Housing Complex: List of all the required addresses and information for each building that is part of the multi-building complex					
[	]	Part 3, Multiple Owners: Separate sheet listing each owner and their respective names, addresses [P.O. box addresses are prohibited], telephone numbers, and email addresses					
[	]	Part 3, Sublease Authorization: Copy of owner's letter authorizing the sublessor to lease the rental unit or housing accommodation					
[	]	Part 3, Multiple Sublessors: Separate sheet listing each sublessor and their respective names, addresses [P.O. box addresses are prohibited], telephone numbers, and email addresses					
[	]	Part 3, Change in Related Services or Facilities: List all services or facilities that were increased reduced, or eliminated and an explanation for each change					
[	]	Part 3, Calculating the New Rent Charged for an Occupied Rental Unit: Worksheet showing the computation of the new rent charged					
[	]	Part 3, Calculating the New Rent Charged for an Occupied Rental Unit: Copy of the Notice of Rent Adjustment (RAD Form 8)					
[	]	Part 3, Calculating the New Rent Charged for a <u>Vacant</u> Rental Unit: Worksheet showing the computations for the new rent charged					
[	]	Part 3, Change in Number of Owner's Rental	Units: List of Additional Rental Units				