



District of Columbia Department of Housing and Community Development
 Housing Regulation Administration – Rental Conversion and Sale Division
 1800 Martin Luther King, Jr. Avenue, S.E.
 Washington, D.C. 20020
 Telephone (202) 442-4407 | www.dhcd.dc.gov

**VACANCY EXEMPTION APPLICATION FOR
 CONVERSION TO CONDOMINIUM OR COOPERATIVE**

Date: _____

Application is hereby made for exemption of the property located at: _____
 _____ from Subchapter II of the **Rental
 Housing Conversion and Sale Act of 1980**, as amended (D.C. Official Code 2001 ed., as
 amended, § 42-3401.01 et seq.).

1. Applicant's Name: _____

A. Is the Applicant a tenant organization? YES _____ NO _____

B. If the Applicant is a limited liability company or partnership, the partners' names are:

C. If the Applicant is a corporation, the principal officers' names are:

2. Applicant's Address: _____

3. Telephone Number: (_____) _____

Facsimile Number: (_____) _____

Email Address: _____

4. Lot _____ Square _____ ANC# _____ Zoning # _____

5. Date of Purchase _____

Attach a copy of the Applicant's recorded vesting deed.

6.a. Number of Units in the Housing Accommodation Prior to Conversion: _____

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6.b. Number of Units in the Housing Accommodation After Conversion: _____

Attach a copy of the current certificate of occupancy.

7. The estimated sale price per unit after conversion is as follows:

Efficiencies \$ _____ Two Bedrooms \$ _____

One Bedrooms \$ _____ Three Bedrooms \$ _____

8. This exemption application is for the conversion of a [check one]

Condominium _____ Cooperative _____

Attach copies of all building permits.

9. To the best of the Applicant's knowledge, information, and belief, state how and when the units in the housing accommodation became vacant, and provide the tenants' names and contact information (you may attach a separate page if necessary):

10. If the Property has been vacant since the Applicant's acquisition, describe the Property's use and condition from the time of acquisition until present. If necessary, you may attach a supplemental explanation and documentation to this application: _____

11. Has the Applicant owned the housing accommodation on and at all times subsequent to July 17, 1985: YES ___ NO ___

A. If the Applicant states "YES" above, the Applicant certifies that a notice to vacate for the immediate purpose of discontinuing the housing use and occupancy of the housing accommodation pursuant to § 42-3505.01(i) (1)(A) of the Rental Housing Act of 1985 (D.C. Official Code 2001 ed., as amended, § 42-3501.01 et seq.) has not been issued.

B. If the Applicant states "NO" above, the Applicant hereby certifies that:

(i) the Applicant has not issued a notice to vacate for the immediate purpose of discontinuing the housing use and occupancy of the housing accommodation § 42-3505.01(i) (1)(A) of the Rental Housing Act of 1985, as amended (D.C. Official Code § 42-3501.01 et seq.); and

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(ii) the Applicant is not a purchaser from an owner-seller who issued a notice to vacate.

The applicant further certifies that the he affirmatively sought information from all owners of the housing accommodation as of and subsequent to July 17, 1985. Specifically, the Applicant made the following inquiries (state names, dates and information obtained with specificity—a separate sheet may be attached if necessary): _____

12. Is the Property registered with the Department of Consumer and Regulatory Affairs (DCRA), Vacant Properties Unit as a vacant property? _____ YES _____ NO

A. If the Property is registered, attach a copy of DCRA's vacant property registration letter or vacancy exemption.

B. If the Property is not registered, explain why not : _____

I declare under penalty of law for making a false statement, as set out in D.C. Official Code, 2001 ed., as amended, § 22-2405 § 22-2401 et seq., that the foregoing representations and statements are true and correct to the applicant's best knowledge, information and belief.

APPLICANT

by: _____
Signature

Title

Printed Name

Subscribed and sworn to before me this _____ day of _____
_____, _____.

[Notarial Seal]

Notary Public, _____
My Commission Expires: _____

Revised 04/03/2015