



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT IZ/ADU OFFICE
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Certification of Income, Affordability, and Housing Size

Inclusionary Zoning Units and Affordable Dwelling Units

Version: 7/12/19

Purpose

The purpose of this form is for a Certifying Entity/Authority (Certifying Entity) approved by the D.C. Department of Housing and Community Development (DHCD) to confirm the eligibility of a Household for an Inclusionary Zoning (IZ) Unit or Affordable Dwelling Unit (ADU, hereafter collectively with IZ Unit referred to as "Unit") by verifying the income, affordability, and housing size of a household that has expressed an interest in renting a Unit. This form should be completed by the Certifying Entity. Regarding ADUs, if any covenant has more restrictive requirements than those stated here, the terms of the covenant will control.

A Household shall be ineligible to rent or purchase a Unit if the Household fails to submit the following documents:

- Declaration(s) of Eligibility for each Household member age 18 years or older;
- Proof that a member of the household **Lives in the District of Columbia** or **Works in District of Columbia**;
- Proof of income and assets from all sources for all household members who will live in the Unit; and
- Any other required documents.

Additional IZ Unit-only required documents:

- Copy of the Certificate of Completion from the IZ Orientation
- Copy of the Certificate of Completion from a DHCD-approved eight-hour Homeownership Training Program (sale units only); and

For households selected by DHCD, these documents must be submitted within the timelines established in the selection letter unless the Unit/Development Owner extends the deadline in writing.

Annual Re-Submission

This Certification of Income, Affordability, and Housing Size (Certification) must be completed annually for Households occupying Rental Units along with other annual reporting documents to ensure compliance with the IZ regulations and ADU guidelines. If a Household intends to remain in their current Rental Unit longer than one (1) year, the Certifying Entity should meet with the Household no later than 60 days before the anniversary of the lease, review current financial information and complete this form.

Capitalized terms not defined here are defined in Title 14 D.C. Municipal Regulations §2200 et seq. (2017).

This form must be reviewed by DHCD before signing.

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Development Name: _____
 Development Address: _____
 Unit #: _____ # of Bedrooms: _____ MFI Level: _____ %

This Certification is made this _____ day of _____, 20____, by _____, a duly authorized Certifying Entity, whose address is _____, Washington, DC _____ (Certifying Entity). The Certifying Entity has requested, received and reviewed for accuracy all relevant information required to make this Certification and hereby certifies the following:

Household Information

Names and Ages of All Household Members	Names and ages: _____	
Full Time Student	Primary applicant is a Full-Time Student: <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, stop and contact DHCD.)	
Lives or Works in DC	Household has provided documentation at least one member: <input type="checkbox"/> Lives in DC <input type="checkbox"/> Works in DC IZ selectees: Do household's documents match the address provided by DHCD? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no one lives or works in DC or if the address does not match, stop and contact DHCD.)	
Household Size	Total number (#) of Household members: _____ The Household's size is within the size range applicable for the Unit: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Household Annual Income	Household's gross Annual Income (all Household members, all sources): \$ _____ Maximum income permitted (based on Household's size and Unit MFI level): \$ _____ The Household's Annual Income is within the MFI limit applicable to the Unit: <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Rental renewals only:</u> If NO, is this a renewing tenant AND is the Household Annual Income within 140% of the limit for the Household size and Unit MFI level? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Housing Costs	Rental Unit (A) Monthly rent: \$ _____ (B) Monthly Utilities: \$ _____ (C) Monthly mandatory fees: \$ _____ Total monthly housing costs (A + B + C): \$ _____ Maximum Allowable Rent for the Unit: \$ _____ Are total monthly housing costs less than or equal to the Maximum Allowable Rent for the Unit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sale Unit Unit sale price: \$ _____ Total monthly housing costs for the Household to own this Unit \$ _____ (Attach Mortgage Housing Cost Analysis form)
	Total Annual Housing Costs equal _____% of the Household's Annual Income. (Housing Costs shall not exceed 50% of the Household's Annual Income.) Household has been advised that it should not expend more than 38% of its Annual Income on Housing Costs for rental units and 41% of its Annual income for sale units. <input type="checkbox"/> YES <input type="checkbox"/> NO	

<i>(ALL IZ UNITS ONLY)</i> IZ Orientation	A member of the Household who is at least eighteen (18) years of age has successfully completed the IZ orientation conducted by DHCD or its designee. <input type="checkbox"/> YES (Attach certificate.)
<i>(IZ SALE UNITS ONLY)</i> Pre-Purchase Training Class	A member of the Household who is at least eighteen (18) years of age has successfully completed an eight-hour homeownership pre-purchase training program conducted by DHCD or its designee. <input type="checkbox"/> YES (Attach certificate.)

Certifying Entity Information

STOP! This form must be reviewed by DHCD before signing.

Print Staff's Name: _____	Staff's Signature: _____	Date: _____
Staff's Email: _____	Staff's Phone: _____	

SALE UNITS: THIS DOCUMENT SHALL BE ATTACHED TO THE SALES CONTRACT.
 RENTAL UNITS: THIS DOCUMENT SHALL BE ATTACHED TO THE LEASE.