

## **Declaration of Eligibility**

## Confirm you are eligible to buy/rent an ADU/IZ unit

Each member of your household who is 18 years or older should complete this form. The forms should be provided to the agent.

First Name (given):	Last Name (family):			
Current Residential Address:			Unit:	
City: State:		State:	ZIP:	
IZ/ADU Address:		Unit(s):		
Please confirm that the following statements are true.				
I am submitting this Declaration of Eligibility as part of my household's lease agreement and IZ/ADU lease rider (for rentals) or contract (for purchases). I understand that the unit is subject to the terms of the Inclusionary Development or Affordable Housing Covenant recorded against the Unit.			Yes	No
Each member of my household has told the leasing agent or community based organization (CBO) about all of our annual income and household size, supported by reasonable documentation.			Yes	No
My household's annual income is at or below the maximum annual household income for the unit.			Yes	No
My household will not spend more than 50% of our annual income on housing costs.			Yes	No
My household has been advised that DHCD recommends we not spend more than 38% of our annual income on housing costs if renting or 41% of our annual income if purchasing.			Yes	No
My household size meets the requirements of the unit (at least one person per bedroom).			Yes	No
Each member of my household will live in the unit as their principal residence and will not rent or sublet all or any part of the unit, including temporary rentals such as AirBnB.			Yes	No
I currently DO  NOT own residential  I have completed the Homeownership Disclosure form and submitted it to DHCD;				
I will provide reasor property.	no longer own the			
I certify that the information I provided on this form is true and complete to the best of my knowledge. I also acknowledge that making a false statement is punishable by criminal penalties under Title 22 of the District of Columbia Official Code.				
Signature:				