



## DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE, Washington DC 20002

Tyrone Garrett, Executive Director & CEO

# REQUEST FOR TENANCY APPROVAL PACKET

*\*Este document se puede traducir. Para adquirir la versión traducida, por favor comuníquese al 202-535-1000.*

## Welcome to the District of Columbia Housing Authority's Housing Choice Voucher Program (HCVP)

Below is a general timeframe of the Lease-up Process that will start at the receipt of your completed RFTA Packet submitted to the Owner Portal (calculated in business days).

START

### RFTA SUBMISSION

Owner or Agent submits a complete and accurate RFTA Packet to DCHA

- Owners or Agents must upload the RFTA packet for immediate submission to the Owner Portal at <https://dcha.hcvportal.org>. Owners or Agents will be able to track the entire lease up as it goes through the various steps for approval.
- New Owners can gain access to Owner Portal using the following login information:  
**Username:** [guest@dchousing.org](mailto:guest@dchousing.org) – **Password:** welcome1
- Existing Owners or Agents should use their existing login information.
- You may contact the assigned Housing Program Specialist who will confirm receipt of the RFTA Packet.

STEP 1

### DETERMINING ELIGIBILITY

→ Estimated timeframe: 5 Business Days from RFTA Submission

Information provided in the RFTA Package will be used to determine the eligibility of the Owner or Agent, the rent reasonableness of the unit, and affordability for the tenant. Tenant's household income must be updated.

- DCHA verifies proof of ownership and management authorization.
- Rent Reasonableness and Affordability for the tenant will be determined at this step in the process. A thorough unit inspection is required for the PHA to determine compliance with HQS and to determine the reasonableness of the rent.
- DCHA will approve the contract rent based on the submarket rents and the affordability of the tenant.

STEP 2

### SCHEDULING INSPECTION

→ Estimated timeframe: 7 Business Days from RFTA Submission

DCHA will schedule an initial inspection.

- DCHA will contact you by phone, email, and/or via the Owner Portal informing you of the time and date of your inspection appointment.
- Owner or representative and/or \*participant should be present. \*Participants are only required to be present at annual inspections.

STEP 3

### CONDUCTING INSPECTION

→ Estimated timeframe: 12 Business Days from RFTA Submission

DCHA will conduct an inspection of the unit according to Housing Quality Standards

- The unit must be rent ready and a complete RFTA packet must be submitted. DCHA will not schedule an inspection without receipt of all required RFTA Packet documents.
- If the inspection does not pass, you will be allowed to make repairs and pass a re-inspection within 14 days. If the unit does not pass the re-inspection, DCHA will cancel the move process for this unit and a new RFTA packet will need to be submitted to initiate the first step in the process.

STEP 4

### PROCESSING CONTRACT

→ Estimated timeframe: 15 Business Days from RFTA Submission

DCHA will request an executed lease agreement from the owner or agent and send the HAP contract via the (email or Owner Portal) and await the return of the executed contract.

- Owner or Agents must submit an executed lease agreement with the approved move-in date, rent amounts and utility responsibilities to the assigned Housing Program Specialist.
- Housing Program Specialist will send the contract to be executed by the Owner or Agent.
- Owner or Agent must return the executed HAP contract within 10 calendar days or DCHA will cancel the move, and new RFTA packet will need to be submitted to initiate the first step in the process.

STEP 5

### CONTRACT EXECUTION

→ Estimated timeframe: 25 Business Days from RFTA Submission

DCHA receives the executed HAP contract and initiates payment to owner.

- DCHA executes the contract with the owner and process payment by the next available check run.

**\*FAILURE TO SUBMIT CORRECT AND COMPLETE DOCUMENTS WILL RESULT IN PROCESSING DELAYS.**



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## REQUEST FOR TENANCY APPROVAL PACKET

To receive quick, efficient processing of the Request for Tenancy Approval (RFTA) Packet, Housing Quality Standards (HQS) Inspection, and Housing Assistance Payment (HAP), please submit this entire packet with all applicable, supporting documents promptly.

**IMPORTANT NOTE: THE FAMILY SHOULD NOT MOVE INTO THE UNIT UNLESS ALL OF THE FOLLOWING APPLIES:**

1. Unit passed inspection by DCHA
2. Rent amount is approved by the owner and DCHA; tenant's household income **MUST** be current.
3. Move-in date is approved by the Housing Program Specialist (HPS)
4. Housing Assistance Payment (HAP) Contract and Lease are executed

### TENANT INFORMATION

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Voucher #: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROPOSED UNIT INFORMATION

Proposed Address: \_\_\_\_\_  
 Proposed Rent Amount: \_\_\_\_\_  
 Proposed Security Deposit: \_\_\_\_\_  
 Approved Rent Amount (Completed by HPS): \_\_\_\_\_

### AGENT INFORMATION

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

When you submit the RFTA Packet, you must include this page along with all of the applicable documents listed in the checklist below. Failure to provide a complete package will delay the processing of the information.

I am a:  New Owner  Existing Owner/Agent: Owner/Agent #: \_\_\_\_\_ with the DC Housing Authority.

I have screened my potential tenant for this unit. Yes  No

**Note: I understand that it is my sole responsibility as an owner to screen each tenant for suitability for my unit.**

### REQUIRED DOCUMENTATION CHECKLIST

All required forms and supporting documentation **MUST** be complete and submitted prior to the request for an initial inspection is sent to the Inspection Division. The unit **MUST** be ready when the Inspector comes to inspect the unit.

**If you are a new owner and/or this property address has not been registered with DCHA HCV program, you MUST submit all of the following documents as applicable:**

- Copy of IRS EIN Assignment letter (Corporations/LLC)
- Copy of Recorded Deed
- Property Owner/Agent Information Form
- Copy of Voided Check, Financial Letter or Saving Deposit Slip
- Copy of Owner/Agent Photo ID(s)
- Executed Management Agreement (if applicable)
- Tenant's Intent to Vacate
- Landlord Current Water Bill \$0.00
- Voucher Document

- Copy of SSN (Private Owner)
- Articles of Incorporation (LLC)
- Direct Deposit Payment Form
- W-9 Form(s)
- Initial Inspection Overview Checklist
- Lead-based Paint Notice and Disclosures (7 pages)
- Visual Assessment Certificate (w/Photo ID if done by proxy)
- Tenant Current Water Bill \$50.00 or less (if applicable)
- DC Tenant Rights form

### DCHA USE ONLY

O: \_\_\_\_\_  
 U: \_\_\_\_\_  
 A: \_\_\_\_\_

**If you are an existing owner and your property address is registered with DCHA HCV program, you are ONLY required to submit the below documents, as applicable:**

- Property Owner/Agent Information Form
- Copy of Owner/Agent Photo ID(s)
- Executed Management Agreement (if applicable)
- Tenant's Intent to Vacate
- Landlord Current Water Bill \$0.00
- Voucher Document

- Direct Deposit Payment Form
- Initial Inspection Overview Checklist
- Lead-based Paint Notice and Disclosure (3 pages)
- Visual Assessment Certificate (w/Photo ID if done by proxy)
- Tenant Current Water Bill \$50.00 or less (if applicable)
- DC Tenant Rights Form

# Request for Tenancy Approval

Housing Choice Voucher Program

## U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. Name of Public Housing Agency (PHA) |  |  | 2. Address of Unit (street address, unit #, city, state, zip code) |  |  |
|--|--|--|--|--|--|

|                               |                       |                     |                  |                         |                                       |
|-------------------------------|-----------------------|---------------------|------------------|-------------------------|---------------------------------------|
| 3. Requested Lease Start Date | 4. Number of Bedrooms | 5. Year Constructed | 6. Proposed Rent | 7. Security Deposit Amt | 8. Date Unit Available for Inspection |
|-------------------------------|-----------------------|---------------------|------------------|-------------------------|---------------------------------------|

|  |  |
|--|--|
| <p>9. Structure Type</p> <p><input type="checkbox"/> Single Family Detached (one family under one roof)</p> <p><input type="checkbox"/> Semi-Detached (duplex, attached on one side)</p> <p><input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)</p> <p><input type="checkbox"/> Low-rise apartment building (4 stories or fewer)</p> <p><input type="checkbox"/> High-rise apartment building (5+ stories)</p> <p><input type="checkbox"/> Manufactured Home (mobile home)</p> | <p>10. If this unit is subsidized, indicate type of subsidy:</p> <p><input type="checkbox"/> Section 202    <input type="checkbox"/> Section 221(d)(3)(BMIR)</p> <p><input type="checkbox"/> Tax Credit    <input type="checkbox"/> HOME</p> <p><input type="checkbox"/> Section 236 (insured or uninsured)</p> <p><input type="checkbox"/> Section 515 Rural Development</p> <p><input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____</p> |
|--|--|

11. Utilities and Appliances  
 The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

| Item             | Specify fuel type  | Paid by |             |
|------------------|--|---------|-------------|
| Heating          | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other |         |             |
| Cooking          | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other   |         |             |
| Water Heating    | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other                                    |         |             |
| Other Electric   |  |         |             |
| Water            |  |         |             |
| Sewer            |  |         |             |
| Trash Collection |  |         |             |
| Air Conditioning |  |         |             |
| Other (specify)  |  |         |             |
|                  |  |         |             |
| Refrigerator     |  |         | Provided by |
| Range/Microwave  |  |         |             |

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

| Address and unit number | Date Rented | Rental Amount |
|-------------------------|-------------|---------------|
| 1.                      |             |               |
| 2.                      |             |               |
| 3.                      |             |               |

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

|  |                   |                                      |                   |
|--|-------------------|--------------------------------------|-------------------|
| Print or Type Name of Owner/Owner Representative |                   | Print or Type Name of Household Head |                   |
| Owner/Owner Representative Signature             |                   | Head of Household Signature          |                   |
| Business Address                                 |                   | Present Address                      |                   |
| Telephone Number                                 | Date (mm/dd/yyyy) | Telephone Number                     | Date (mm/dd/yyyy) |



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## PROPERTY OWNER/AGENT INFORMATION FORM

This document serves to register, change or update information for property owners and/or agents. Complete the form and return the following supporting documents as applicable: copy of the deed, photo identification to match signatures, Articles of Incorporation (LLCs Only), EIN Assignment Letter, Social Security Card and/or Management Agreement.

I certify that I am a:  new owner/agent  existing owner and I would like to:  register  update Tax ID/SSN  
 Change/Update Contact Information  make no changes to my account that is already set up with DCHA.

### A. RENTAL PROPERTY INFORMATION

Please list all the rental property addresses that are currently in the HCV program. If you have multiple units at the same address, please list units only.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. OWNER INFORMATION

Company Name (if applicable): \_\_\_\_\_

Owner First and Last Name: \_\_\_\_\_

Owner Tax I.D. #: \_\_\_\_\_ Owner SSN: \_\_\_\_\_

Joint Owner First and Last Name (if applicable): \_\_\_\_\_

Joint Owner Tax I.D. #: \_\_\_\_\_ Joint Owner SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### C. AGENT/MANAGEMENT INFORMATION

Company Name (if applicable): \_\_\_\_\_

Agent First and Last Name: \_\_\_\_\_

Agent/Management Tax I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### D. PAYEE INFORMATION (This information will be used as your Mail Address.)

Company Name (if applicable): \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature to Owner/Agent: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner: \_\_\_\_\_ Date \_\_\_\_\_

Information requested on this form is used by the HCV program for the purpose of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agent or any law by an employee or agent of DCHA will result in penalties, fines and terminations.

Pursuant to 18 U.S.C. 1001, it is a crime to knowingly and willfully: 1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; 2) makes any materially false, fictitious, or fraudulent statement or representation; or 3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and Management Agents who violate this law may also be debarred from future participation in the HCV program.



**DISTRICT OF COLUMBIA HOUSING AUTHORITY**

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**DIRECT DEPOSIT AUTHORIZATION AGREEMENT FORM**

To sign up for direct deposit to receive Housing Assistance Payments (HAP), complete this form and attach a completed W-9 form and voided check, letter from your financial institution, or savings account deposit slip. Return all documents to DCHA **Housing Choice Voucher Program at 1133 North Capitol Street, NE, Ste. 100, Washington DC 20002** or submit through the **HCVF Owner Portal**.

**Please select the action that best applies to this transaction:**

- I am a new owner/agent and want to set up a new direct deposit account with DCHA.
- I am an existing owner/agent who would like to replace a previous direct deposit account with a new direct deposit account with DCHA.
- I am an existing owner/agent and would like to continue to use the direct deposit account already on file.
- I am canceling a direct deposit account set up with DCHA.

I hereby authorize the DCHA Housing Choice Voucher Program to deposit my Housing Assistance Payments (HAP) to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

**Date:** \_\_\_\_\_ **Owner Number** (from HAP Check Stub): \_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_

**Routing and Transit Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Type of Account** (check one):            Checking            Savings

**Payee Name:** \_\_\_\_\_ **SSN or Federal Tax I.D. #:** \_\_\_\_\_

**Name of Authorized Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone: Office** (\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Signature of Owner or Authorized Person: X** \_\_\_\_\_

**Failure to answer all questions and provide all documentation will result in delay of processing your request.**

I certify that I am entitled to the payment identified above that I am in compliance and are following all rules and regulations that accompany these payments in accordance with my Housing Assistance Payment (HAP) contract as provided by DCHA HCV program. I acknowledge that DCHA HCV program reserves the right to make payments and/or deduct any payments made to me in error to my account designated above. Pursuant to 18 U.S.C. 1001, it is a crime to knowingly and willfully: 1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; 2) makes any materially false, fictitious, or fraudulent statement or representation; or 3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and Management Agents who violate this law may also be debarred from future participation in the HCV program.

Information requested on this form is used by the HCV program for the purpose of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agent or any law by an employee or agent of DCHA will result in penalties, fines and termination.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| Print or type.<br>See Specific Instructions on page 3. | <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p> | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
|  | <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>  | <p>Requester's name and address (optional)</p> <hr/>  |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|  |   |   |   |  |   |   |   |   |
|--|---|---|---|--|---|---|---|---|
| <b>Social security number</b>  |   |   |   |  |   |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> |   |   |   |  | - | - | - | - |
|  |   |   |   |  |   |   |   |   |
| -  | - | - | - |  |   |   |   |   |
| <b>or</b>  |   |   |   |  |   |   |   |   |
| <b>Employer identification number</b>  |   |   |   |  |   |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> |   |   |   |  | - | - | - | - |
|  |   |   |   |  |   |   |   |   |
| -  | - | - | - |  |   |   |   |   |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABL accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee <sup>1</sup><br>The actual owner <sup>1</sup>                                       |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))                                     | The grantor*  |

| For this type of account:   | Give name and EIN of:     |
|---|---------------------------|
| 8. Disregarded entity not owned by an individual  | The owner                 |
| 9. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup> |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                  | The corporation           |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization          |
| 12. Partnership or multi-member LLC   | The partnership           |
| 13. A broker or registered nominee  | The broker or nominee     |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE, Washington DC 20002

Tyrone Garrett, Executive Director & CEO

## HCVP HQS MOVE-IN INSPECTION CHECKLISTS FOR LANDLORDS

Submission Date: \_\_\_\_\_

Addressed of Proposed Unit: \_\_\_\_\_

Proposed Tenant Name: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Date Unit Ready for Inspections: \_\_\_\_\_

Each unit to be rented in the Housing Choice Voucher Program (HCVP) **MUST** pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for owners/landlords to prepare their unit for a HQS inspection, highlights some of the COMMON violations found during unit inspections, and is in **NO WAY COVERS ALL THE ITEMS** that will be inspected. The items on this checklist must be working or completed prior to the HQS inspection.

### General:

The Unit must be empty/vacant from previous tenant, free, and clear of all furnishing and debris. There must be working smoke detectors properly mounted on each level of the unit including the basement and walk-up attics.

All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.

The entire unit must be freshly painted.

Utilities (water, gas, electric) must be turned on for the completion of the inspection.

No chipping or peeling paint, cracks, holes or loose plaster inside or outside the unit.

Interior and exterior wood surfaces shall be properly painted and kept intact at all times.

There must not be a permanently installed working heating system.

The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six (6) inches to eight from the floor or directed outside to the unit (no PVC). CPVC is acceptable.

There must not be any plumbing leaks.

All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.

The floor covering cannot be torn or have holes that can cause someone to trip. Carpets, if installed shall be clean and free of stains.

All electrical outlets/switches must have cover plates and be in good working condition.

All ground fault circuits interrupters (GFCIs) must work properly.

All ground floor windows and exterior doors shall open and close as designed and must have workings locks. Double-keyed dead bolts are not allowed.

All security bars and windows must have a quick release mechanism.

All sliding glass doors must have a lock or security bar on the door that works.

Each living space must have two means of egress (i.e. door and window).



# DISTRICT OF COLUMBIA HOUSING AUTHORITY

1133 North Capitol Street, NE, Washington DC 20002

Tyrone Garrett, Executive Director & CEO

Windows and doors shall be weather tight with glass, free of cracks to prevent wind, air, and/or rain penetration.

No room, which contains a furnace, open flame heating unit without proper ventilation or gas meter, is designated as a bedroom.

Bedrooms must have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.

### Kitchen/Bath

Stove must be clean and in working order and secured.

Refrigerator must be clean and in working order and with a good door seal.

Hot and cold running water in kitchen and the bathroom(s).

There must be a shower or bathtub that works.

There must be a flush toilet that works, securely mounted and does not leak.

The bathroom must have either an outside window or an exhaust fan vented to the outside.

There must not be any plugged drains (check for slow drains).

### Exterior

House or apartment shall be properly numbered with proper illumination (lighting).

There must be stepping stones or a walkway to the unit.

The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.

All common all ways, walk ways, and parking areas must be free of cracks and tripping hazards and properly illuminated.

Weeds and grass shall be less than four (4) inches in height.

All units shall have adequate garbage containers with covers.

Four or more exterior stairs must handrails 34 inches to 38 inches from the ground.

Walk offs or porches 30 inches above ground must have guardrails 36 inches from the ground.

**I, as the owner/agent/landlord of the property hereby acknowledge that all applicable conditions above have been checked and comply with Housing Quality Standards (HQS). By signing this form, I understand that if HCVP conducts an initial inspection of this unit and finds any of the above conditions are in non-compliance—HCVP has the right to CANCEL unit inspection and Request for Tenancy Approval Packet. If inspection is canceled, HCVP will not schedule a re-inspection and will require family to search for a new unit.**

**Owner/Agent/Landlord: \_\_\_\_\_ Date: \_\_\_\_\_**

(Please Circle One)

SIGNATURE

**Owner/Agent/Landlord: \_\_\_\_\_**

(Please Circle One)

(PRINT NAME)

**This checklist covers the majority of violations that cause a unit to fail. For additional information on what will bring your unit to code, please refer to the DCMR TITLE 14, HUD Housing Quality Standards (HQS) guidelines, and BOCA National Property Maintenance Code. If you have any questions or concerns, please call 202-535-1000 and ask for the HCVP Inspections Department.**

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

|        |       |        |       |
|--------|-------|--------|-------|
| _____  | _____ | _____  | _____ |
| Lessor | Date  | Lessor | Date  |
| _____  | _____ | _____  | _____ |
| Lessee | Date  | Lessee | Date  |
| _____  | _____ | _____  | _____ |
| Agent  | Date  | Agent  | Date  |

# LEAD DISCLOSURE FORM

## FOR DC RENTAL PROPERTIES

**Purpose:** Inform potential renters of the presence of lead-based paint, lead-bearing plumbing, and related hazards at this property.

**This form is required for properties built before 1986.** For properties built before 1978, this form must be used in addition to the Federal Lead Disclosure form because the DC Law provides additional protections for the renter. For properties built between 1978 and 1986, property owners or managers do not need to complete Section B below regarding lead-based paint.

- Housing built before 1978 is presumed to contain lead-based paint.
- Lead from paint, paint chips, and dust may pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.
- Anyone disturbing paint during home repair or maintenance should use lead-safe work practices.
- Residential dwellings built before 1986 are presumed to have lead service lines and lead-bearing plumbing.
- Lead service lines and lead-bearing plumbing (pre-2014 lead containing faucets, valves, and fittings, lead solder and lead pipes) are capable of releasing lead into water that may cause permanent health harm even when present in small amounts.
- Lead poisoning in young children may produce permanent neurological damage, learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory.
- Lead poisoning poses a particular risk to developing fetuses and pregnant women.
- Tenants residing in dwelling units served by lead service lines and/or lead-bearing plumbing should: 1) have your water tested for lead, 2) only use cold, filtered water for drinking, cooking, or preparing infant formula, beverages, and ice, and 3) consider obtaining a water filter that is certified by NSF/ANSI Standard 53 for lead removal and maintaining the water filter according to the manufacturer's instructions.

DC requires the renter to have this information **before** they decide to rent the property.

**Are you a POTENTIAL TENANT?** Review this page carefully before following instructions on page two.

### Are you a PROPERTY OWNER?

You will need the following information to complete this form:

- Copies of any lead-based paint, lead service line, or lead-bearing plumbing reports, assessments, or surveys related to the property.
- Copies of any lead tests conducted on the water supply of the property or dwelling unit.
- The latest version of EPA's *Protect Your Family from Lead in Your Home* pamphlet, if the property was built before 1978.
- Knowledge about lead-contaminated dust/soil and condition of the paint on the property, if the property was built before 1978.
- Knowledge about any lead-related legal actions taken against the property.
- Knowledge about whether the property is listed on the DC Water website at <https://www.dewater.com/leadmap> as a property with lead water service lines. DC Water has collected pipe material data for service lines based on permit, water main tap, meter, maintenance, repair, and replacement work. If available, DC Water has recorded on their website the type of pipe material by the sections of the service line in public space and the private portion from the property line to the building.
- Knowledge about the replacement of lead water service lines (on public and private property), including replacement dates.

**Property owners: keep the signed original of this form on record for at least 6 years from the date of the most recent signature,** as you may be audited by the DC Department of Energy and Environment.

### What to look for inside the property or in the property's common areas:

- Peeling, chipping, chalking, cracking, or damaged paint.
- Lead-based paint on windows, doors, stairs, railings, banisters, porches, or other high-wear surfaces that children might chew.
- Lead that is present in bare soil.
- Lead dust that forms when lead-based paint is scraped, sanded, or heated, or when painted surfaces with lead in them bump or rub together.
- Surfaces with lead paint chips/dust, or settled dust that reenters the air through vacuuming or sweeping.
- Check type of pipe material by looking at the pipe that enters your home. Lead is a gray metal and can be easily scratched with a coin. See DC Water's website for Guide to Identifying Household Plumbing at <https://www.dewater.com/lead-sources>.



For more information see the District of Columbia Lead-Hazard Prevention and Elimination Act of 2008, D.C. Official Code § 8-231.01 et seq., and the Federal Lead Warning Statement, 24 CFR Parts 35 and 745. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. <http://bit.ly/federallead>.

If you need help in your language, please call 202-535-2600. | በአማርኛ እርዳታ ከፈለጉ በ 202-535-2600 ይደውሉ። | Si necesita ayuda en Español, por favor llame al 202-535-2600. | Si vous avez besoin d'aide en Français appelez-le 202-535-2600. | 如果您需要中文服務，請致電 202-535-2600 | 한국어로 도움이 필요합니까? 무료 한국어통역: 202-535-2600 | Nếu quý vị cần giúp đỡ bằng tiếng Việt, xin gọi 202-535-2600.

| IF YOU ARE:          | YOU NEED TO:   |
|----------------------|--|
| The property owner   | <ul style="list-style-type: none"> <li>Complete Sections A, B (for pre-1978 properties), C and D</li> <li>Provide a copy to the tenant.</li> </ul> |
| The potential tenant | <ul style="list-style-type: none"> <li>Carefully review Sections B, C, and D</li> <li>Sign Section E.</li> </ul>                                   |

### SECTION A: PROPERTY OWNER'S SIGNATURE

|   |            |                |      |
|---|------------|----------------|------|
| Property Address:   | Unit:      | Washington, DC | ZIP: |
| I am the owner of this property and will truthfully give the answers to the following questions about lead-based paint/hazards in or around this property, and lead test results, lead service lines and lead-bearing plumbing. |            |                |      |
| Name:   | Signature: |                |      |
| Name:   | Signature: |                |      |

### SECTION B: INFORMATION ABOUT LEAD-BASED PAINT

**Note: Section B must only be completed for properties that were built before 1978. Lead-based paint is assumed to be present in properties built before 1978. To the best of your knowledge, is there lead-based paint inside or around the property, including common area(s)?**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Yes, in the following location(s): <i>For more space attach a summary</i>   |
| <input type="checkbox"/> | No, I am not aware of any lead-based paint, but because the property was built before 1978 it is assumed to be present. |

**To the best of your knowledge, is there peeling or chipping paint, lead-contaminated dust/soil, or other lead-based paint hazards inside or around the property?**

|                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, in the following location(s): <i>For more space attach a summary</i> |
|-----------------------------|--|



**SECTION C: INFORMATION ABOUT LEAD-BEARING PLUMBING AND LEAD SERVICE LINES IN THIS PROPERTY**

**Lead-bearing plumbing is assumed to be present in housing built before 1986. To the best of your knowledge, is there lead-bearing plumbing present in the property?**

Yes, there is lead-bearing plumbing in the following location(s): *For more space attach a summary*

No, I am not aware of any lead-bearing plumbing, but because the property was built before 1986 it is assumed to be present throughout the dwelling unit.

**Lead-service lines are assumed to be present in housing built before 1986. To the best of your knowledge, are there any lead service lines serving the dwelling unit on the private property or in public space?**

Yes, there are lead-service line(s) in the following location(s): *For more space attach a summary*  
\_\_ Private Property \_\_ Public Space

No, I am not aware of any lead service line, but because the property was built before 1986 it is assumed to be present throughout the dwelling unit.

**To the best of your knowledge has the portion of the lead water service line on private property been replaced?**

No  Yes, on the following date(s):

**To the best of your knowledge has the portion of the lead water service line in public space been replaced?**

No  Yes, on the following date(s):

**As of the date of execution of this disclosure, the DC Water website at <https://www.dwater.com/leadmap> contains the following information about lead water service lines for this property.**

In Public Space

- Type: \_\_\_\_\_
- Description: \_\_\_\_\_

In Private Space

- Type: \_\_\_\_\_
- Description: \_\_\_\_\_

**SECTION D: INFORMATION ABOUT PENDING ACTIONS, NOTICES, ORDERS, AND PENALTIES**

**Does DC Government have any pending actions related to lead-based paint for this property or have you ever been issued any civil fines, fees, or penalties for failure to disclose lead water service lines and/or lead-bearing plumbing for this property?**

*Check all that apply*

- A notice of violation
- A notice of lead-based paint hazards
- An administrative order to eliminate lead-based paint hazards
- Other notices or orders related to lead-based paint. Please list: \_\_\_\_\_
- Civil fines, penalties, or fees related to failure to disclose lead water service line, and/or lead-bearing plumbing
- No; I am not aware of any pending actions, notices, orders, or penalties.



**Are there any reports or documents about lead-based paint or lead-based paint hazards at this property (including in bare soil and sheds, garages, or other appurtenances), or results of any lead tests conducted on the water supply for this property?**

*This includes reports or documents provided to you by a previous or current owner, tenant, property manager, DC Government agency, or contractor.*

No     Yes **and** I understand I must provide a copy of those documents to the tenant if they ask.

### SECTION E: TENANT'S ACKNOWLEDGEMENT

**I was provided this form and, if the property was built before 1978, the Protect Your Family from Lead in Your Home pamphlet before I signed a lease agreement.**

Yes     No, I have already signed a lease agreement.

**I understand I have the right to ask the owner for any reports or documents about lead-based paint or lead-based paint hazards at this property (including on bare soil and sheds, garages, or other appurtenances) and the results of any lead tests conducted on the water supply for this property.**

|       |            |       |
|-------|------------|-------|
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |





## **DISTRICT OF COLUMBIA HOUSING AUTHORITY**

1133 North Capitol Street, NE, Washington DC 20002

Tyrone Garrett, Executive Director & CEO

### **WHAT HAPPENS IF DCHA DISCOVERS POTENTIAL LEAD PAINT HAZARDS DURING AN INSPECTION?**

Pursuant to HUD regulations, any units identified for use as housing for our families must pass an inspection by the Inspections Division of the Housing Choice Voucher Program (HCVP) of the District of Columbia Housing Authority (DCHA). HCVP conducts various types of inspections, so an inspection of an occupied or non-occupied unit can occur at varying times and focus on different things.

An initial inspection is scheduled after a Request for Tenancy Approval Package is submitted through our Owner Portal. HCVP now conducts our lease-up packet reviews prior to scheduling an inspection in order to ensure affordability and rent reasonableness for both our landlords and families. This means that the unit must meet our payment standards and must be affordable for our families to lease prior to the request for an initial inspection.

#### **INITIAL INSPECTIONS FOR NEW UNITS OR FAMILIES TRANSFERRING TO NEW UNITS**

If at any time during the inspection, the unit fails the initial inspection because a visual assessment indicates evidence of possible lead-based paint hazards, both the owner of the unit and the family will be notified via letter. The letter explains that the owner is allowed a short window of time (14 days) within which to correct the failed items noted in the visual assessment. A re-inspection will be scheduled 14 days after the initial fail. Assuming that the unit passes the re-inspection, the lease-up process will resume in full. If, however, the unit fails the re-inspection and/or the RFTA packet was not completed, the packet will be canceled and the entire process stops. We will then recommend the family to identify an alternative unit they wish to lease.

To pass re-inspection, the owner must complete the entire lead-based paint hazard correction and provide HCVP with a clearance report from a firm or worker certified by the District of Columbia Department of Energy and Environment (DOEE).

#### **INSPECTIONS IN UNITS THAT ARE ALREADY OCCUPIED BY AN HCVP FAMILY**

If a visual assessment shows evidence of possible lead-paint hazards after a family has already moved into or is occupying the unit, HCVP recommends that both the owner and the family review their lease terms for each party's responsibilities during this period (including and not limited to whether the owner or tenant needs to pay for temporary housing during the correction period). If the owner successfully reduces the lead-paint hazards in the unit by our deadline, the family's subsidy for the unit will remain undisturbed. In other words, the family can remain in or return to the unit and all payments and requirements originally in place remain intact.

If, however, the owner is unable to meet our deadline for properly addressing the lead-based paint hazard, DCHA HCVP may suspend doing business with that owner and stop paying HAP to them. If that occurs, the family will be issued an emergency transfer voucher so they can move to another unit.

***DCHA HCVP does not have the authority to pay any subsidy on behalf of a family during the HAP abatement or suspension period.*** If the unit does not pass a re-inspection before the HAP contract terminates, and the family chooses to remain in the unit, that family will convert to a market rate tenant and be fully responsible for the entire rent amount as per the lease agreement. All HCVP participating owners and agents have been notified to follow the District of Columbia rental laws that govern further rent collection and/or legal eviction remedies after the HAP contract terminates.

Families residing and or participating in a Moderate Rehabilitation (MOD), Single Room Occupancy (SRO) or Project-Based (PBV) unit should speak with a representative in the Contract Administration Division (CAD).

**A COMPLETED RFTA PACKET INCLUDES THIS NOTICE MUST BE SIGNED BY BOTH THE LANDLORD AND FAMILY. IF BOTH PARTIES DO NOT SIGN THIS NOTICE, THE PACKET WILL BE RULED INCOMPLETE AND WILL BE CANCELED.**

I, \_\_\_\_\_ (HCVP Family/Head of  
*(Print Name)*  
Household), acknowledge that I have read and understood all of the Lead-Paint Hazard Information contained in this notice.

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_ (Owner/Agent), acknowledge that  
*(Print Name)*  
I have read and understood all of the Lead-Paint Hazard Information contained in this notice.

\_\_\_\_\_  
Signature Date

# DISTRICT OF COLUMBIA OFFICE OF THE TENANT ADVOCATE

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## District of Columbia Tenant Bill of Rights

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The Tenant Bill of Rights Amendment Act of 2014, effective December 17, 2014 (D.C. Law 20-147; D.C. Official Code §§ 42-3531.07(8) & 42-3502.22(b)(1)) requires the D.C. Office of Tenant Advocate to publish a “D.C. Tenant Bill of Rights” to be updated periodically and noticed in the *D.C. Register*. This document is not exhaustive and is intended to provide tenants with an overview of the basic rights of tenancy in the District. Except for rent control, all these rights apply to every tenant in the District.

1. **LEASE**: A written lease is *not* required to establish a tenancy. If there is one, the landlord must provide you with a copy of the lease and all addendums. The landlord must also provide you with copies of certain District housing regulations, including those for Landlord & Tenant relations. Certain lease clauses are prohibited, including waiver of landlord liability for failing to properly maintain the property. The landlord may not change the terms of your lease without your agreement. After the initial lease term expires, you have the right to continue your tenancy month-to-month indefinitely on the same terms, except for lawful rent increases. (14 DCMR §§ 101, 106 & 300-399)
2. **SECURITY DEPOSIT**: The amount of the security deposit may not exceed the amount of 1 month’s rent. The landlord must place your security deposit in an interest-bearing account. The landlord must post notices stating where the security deposit is held and the prevailing interest rate. If there is a “move-out” inspection, the landlord must notify you of the date and time. Within 45 days after you vacate the apartment, the landlord must either return your security deposit with interest, or provide you with written notice that the security deposit will be used to defray legitimate expenses (which must be itemized within 30 more days). (14 DCMR §§ 308-311)
3. **DISCLOSURE OF INFORMATION**: Upon receiving your application to lease an apartment, the landlord must disclose: (a) the applicable rent for the rental unit; (b) any pending petition that could affect the rent (if rent control applies); (c) any surcharges on the rent and the date they expire (if rent control applies); (d) the rent control or exempt status of the accommodation; (e) certain housing code violation reports; (f) the amount of any non-refundable application fee, security deposit, and interest rate; (g) any pending condo or coop conversion; (h) ownership and business license information; (i) either a 3-year history of “mold contamination” (as defined) in the unit and common areas, or proof of proper remediation; and (j) a copy of this D.C. Tenant Bill of Rights document. The landlord must make this information accessible to you throughout your tenancy. Upon a tenant’s request once per year, the landlord must also disclose the amount of, and the basis for, each rent increase for the prior 3 years. (D.C. Official Code §§ 42-3502.22 & .13(d))

4. **RECEIPTS FOR RENTAL PAYMENTS:** The landlord must provide you with a receipt for any money paid, except where the payment is made by personal check *and* is in full satisfaction of all amounts due. The receipt must state the purpose and the date of the payment, as well as the amount of any money that remains due. (14 DCMR § 306)
5. **RENT INCREASES:** “Rent control” limits the amount and the frequency of rent increases. For units that are exempt from rent control, generally only the lease terms limit rent increases. If rent control applies, the landlord may not raise the rent: (a) unless the owner and manager are properly licensed and registered; (b) unless the unit and common areas substantially comply with the housing code; (c) more frequently than once every 12 months; (d) by more than the Consumer Price Index (CPI) for an elderly tenant (age 62 or over) or tenant with a disability, regardless of income, if registered with the Rent Administrator; (e) by more than the CPI + 2% for all other tenants. A rent increase larger than (d) or (e) requires government approval of a landlord petition, which tenants may challenge. You also may challenge a rent increase implemented within the prior 3 years.
6. **BUILDING CONDITIONS:** The landlord must ensure that your unit and all common areas are safe and sanitary as of the first day of your tenancy. This is known as the “*warranty of habitability*.” The landlord must maintain your apartment and all common areas of the building in compliance with the housing code, including keeping the premises safe and secure and free of rodents and pests, keeping the structure and facilities of the building in good repair, and ensuring adequate heat, lighting, and ventilation. The tenant has the right to receive a copy of a notice of violation issued to the landlord (14 DCMR §§ 106; 301; & 400-999)
7. **LEAD PAINT HAZARD:** For properties built prior to 1978, the landlord must (a) provide a prospective tenant household with a form issued by the District Department of the Environment about their rights under the D.C. lead laws; (b) provide a current lead-safe “clearance report” to (i) a prospective tenant household that includes a child less than 6 years of age or a pregnant woman, (ii) an in-place tenant household that gains such a person and requests the report in writing from the landlord, and (iii) any tenant household regularly visited by such a person; and (c) disclose to a tenant household what the landlord reasonably should know about the presence in the tenant’s unit of a lead-based paint hazard or of lead-based paint, which is presumed to be present unless there is documentation showing otherwise. (20 DCMR §§ 3300 *et seq.*)
8. **MOLD:** Upon written notice from a tenant that mold or suspected mold exists in the unit or a common area, the landlord must inspect the premises within 7 days and remediate within 30 days. Mold assessment and remediation must be performed in compliance with District regulations. (D.C. Official Code § 8-241)

9. **QUIET ENJOYMENT AND RETALIATION**: The landlord may not unreasonably interfere with the tenant's comfort, safety or enjoyment of a rental unit, whether for the purpose of causing the housing accommodation to become vacant or otherwise (D.C. Official Code § 42-3402.10). The landlord may not retaliate against you for exercising any right of tenancy. Retaliation includes unlawfully seeking to recover possession of your unit, to increase the rent, to decrease services or increase your obligations; and also includes violating your privacy, harassing you, or refusing to honor your lease. (D.C. Official Code § 42-3505.02)
10. **DISCRIMINATION**: The landlord may not engage in discriminatory acts based upon the actual or perceived: race, color, religion, national origin, sex, age, marital status, genetic information, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, disability, matriculation, political affiliation, source of income, status as a victim of an intra-family offense, or place of residence or business of any individual. Discriminatory acts include refusing to rent; renting on unfavorable terms, conditions, or privileges; creating a hostile living environment; and refusing to make reasonable accommodations to give a person an equal opportunity to use and enjoy the premises. (D.C. Official Code § 2-1401.01 *et seq.*)
11. **RIGHT TO ORGANIZE**: The landlord may not interfere with the right of tenants to organize a tenant association, convene meetings, distribute literature, post information, and provide building access to an outside tenant organizer. (D.C. Official Code § 42-3505.06)
12. **SALE AND CONVERSION**: Tenants must be given the opportunity to purchase an accommodation before the landlord sells or demolishes the accommodation or discontinues the housing use. The landlord may not convert the rental accommodation to a cooperative or condominium unless a majority of the tenants votes for the conversion in a tenant election certified by the District's Conversion and Sale Administrator. (D.C. Official Code §§ 42-3404.02 & 42-3402.02)
13. **RELOCATION ASSISTANCE**: If you are displaced by alterations or renovations, substantial rehabilitation, demolition, or the discontinuance of the housing use, you may have the right to receive relocation assistance from your landlord. (D.C. Official Code § 42-3507.01)
14. **EVICTION**: The landlord may evict you only for one of ten specific reasons set forth in Title V of the Rental Housing Act of 1985. For example, you may *not* be evicted just because your lease term expires, or because the rental property has been **sold** or **foreclosed** upon. Even if there is a valid basis to evict you, the landlord may not use "self-help" methods to do so, such as cutting off your utilities or changing the locks. Rather, the landlord must go through the judicial process. You generally must be given a written Notice to Vacate (an exception is non-payment of rent where you waive the right to notice in the lease); an opportunity to cure the lease violation, if that is the basis for the action; and an opportunity to challenge the landlord's claims in court. Finally, any eviction must be pursuant to a court order, and must be scheduled and supervised by the U.S. Marshal Service. (D.C. Official Code § 42-3505.01)



### RESOURCES

|  |   |
|--|---|
| D.C. Dept. of Housing and Community Development<br>1800 Martin Luther King Avenue, SE<br>Washington, DC 20020<br><b>Phone:</b> (202) 442-9505 <b>Fax:</b> (202) 645-6727<br><b>Website:</b> <a href="http://www.dhcd.dc.gov">www.dhcd.dc.gov</a> | D.C. Office of the Tenant Advocate<br>2000 14 <sup>th</sup> Street, NW, Suite 300 North<br>Washington, DC 20009<br><b>Phone:</b> (202) 719-6560 <b>Fax:</b> (202) 719-6586 <b>Website:</b> <a href="http://www.ota.dc.gov">www.ota.dc.gov</a> |
| D.C. Dept. of Consumer and Regulatory Affairs<br>1100 4th Street, SW<br>Washington, DC 20024<br><b>Phone:</b> (202) 442-4400 <b>Fax:</b> (202) 442-9445<br><b>Website:</b> <a href="http://www.dcra.dc.gov">www.dcra.dc.gov</a>                  | District Dept. of the Environment<br>1200 First Street, NE<br>Washington, DC 20002<br><b>Phone:</b> (202) 535-2600 <b>Fax:</b> (202) 535-2881 <b>Website:</b> <a href="http://www.ddoe.dc.gov">www.ddoe.dc.gov</a>                            |

I/We, \_\_\_\_\_, confirm that I/We have received a Tenant Bill of Rights and Responsibilities Form on (insert date): \_\_\_\_\_.