



## Voter Qualification Form for Tenant Elections to Convert to Condominium or Cooperative

This form must be **completely filled out** and signed by the head of household. **All information you provide is confidential.** You must submit this form to the Rental Conversion and Sale Division (Division), at the address above. You may mail or hand-deliver it or give it to a designated person at the property for delivery to the Division -- **no later than 7 business days before the election date.**

### Part A - Head of Household & Income

The head of household:

- maintains the apartment as his/her principal place of residence
- is a District of Columbia resident, and
- contributes more than half of the cost of maintaining the apartment.

If no one household member contributes more than half the maintenance costs, then the members must appoint one of themselves as the head of household.

**ONLY THE PERSON DESIGNATED AS THE HEAD OF HOUSEHOLD ON THIS FORM MAY VOTE IN THE ELECTION.**

1. Name of Head of Household	2. When did the head of household move into the building (date of occupancy)? (If you're a long-time resident, the year is enough.)
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**3. Household Members:** List each person's name and age (including the Head of Household). Check the boxes for each person.

	Name	Age	Employed (Check One)		Receives Income (Check One)	
			Yes	No	Yes	No
a.						
b.						
c.						
d.						
e.						
f.						

### 4. Property Address and Unit

Street number	Ext	Official street name	Quadrant	Unit

5. Is or has any member of the household been an employee of the owner within the past 120 days? (You must check a box.) <input type="checkbox"/> No <input type="checkbox"/> Yes	6. Head of household's date of birth (day, month, year)
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### 7. TOTAL HOUSEHOLD INCOME

Total household income includes salaries, overtime pay, commissions, fees, tips, bonuses, net income from operation of a business or profession, full amount of periodic Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits or other types of periodic receipts, payments-in-lieu-of earnings (unemployment and disability compensation, severance pay, and worker's compensation). You must provide complete and accurate information. If you have questions, call the Division on (202) 442-9505. **Do not include income from assets:** list them in Item 9.

What is the household's total income for the last 12 months before the request for election?

### 8. EXPECTED INCOME CHANGES

If you expect that your income will go up or down (for instance, if you will retire, get demoted or promoted, or get a raise or new benefits) in the 12 months after the date of the election request, give as much information as you can about the change.

Will the income amount listed above be much different this year?  No Change Expected  Yes (give as much information as you can below)

### 9. ASSET INFORMATION

List household assets below. **Don't** include income you listed in Item 7. Assets include equity in real property, savings, stocks,

bonds and other forms of capital investments. Checking and savings account balances, safe deposit boxes, and cash on hand which you or household members have not put into deposit accounts are also assets. You may list types of assets together (for instance, all bonds, all real estate, all stocks), and then give the total values, and incomes for that group on same line.

**Tenants who are 62 years or older and/or who are disabled:** your answers to questions 6, 7, 8 and 9 determine whether you has/have a right to stay in the building as renters when and if the building converts. A tenant is an “elderly tenant” if he/she is 62 years or older on the date an owner requests an election. A tenant is a “disabled tenant” if he/she has a disability as defined in the Americans with Disabilities Act, 42 USCS § 12102(2) and 29 CFR § 1630.2. Elderly and/or disabled tenants must also have a qualifying household income of no more than: **\$100,795** in 2011. (Note: this income level changes annually.)

**No qualified elderly and/or disabled tenant is eligible to vote in the tenant conversion election unless he/she delivers a waiver to the Division. A waiver means the elderly and/or disabled tenant waives his/her right to stay in his/her unit after the election and may be required by the owner to move.**

**If you are under age 62**, your answers to questions 6, 7, 8 and 9 will indicate whether you may be eligible for housing assistance payments or other benefits.

Type of Asset	Value of Asset	Income from Asset
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		

**Part B – Elderly & Disabled Status (If this section does not apply to you, go to Part 3.)**

**ELDERLY STATUS:** You are elderly if you are 62 years or older on the date the owner requests an election, check the box.

I certify that I am at least 62 years of age.

**DISABLED STATUS**

The Americans with Disabilities Act of 1990 defines a disabled person as having a physical or mental impairment that substantially limits one or more major life activity. To qualify as a disabled tenant, you must:

- Attach a **Physician’s Disability Certification Form**, signed by your doctor or licensed healthcare professional **no later than 7 business days before the election date**. You may obtain the form from the Division or at dhcd.dc.gov.
- Check the appropriate box(es) below.

You aren’t required to give details about your disability’s nature or severity – and **information about your disability will not be disclosed unless required by law.**

- I certify that I am disabled as defined in the Americans with Disabilities Act, 42 USC § 12102(2)(A) and 29 CFR § 1630.2(g)(1).
- I have attached a signed Physician Certification of Disability form (or other licensed healthcare professional) verifying that I am disabled as defined by the Americans with Disabilities Act, 42 USC § 12102(2)(A) and 29 CFR § 1630.2(g)(1).

**Part C – Certification**

Print and sign your name in the spaces below.

You must give a daytime phone number in case we must call you to verify or clarify this information, ask for more information, or let you know you have not followed the directions.

**If you don’t give a working phone number on this form, you may be disqualified as an eligible voter or for other possible benefits.**

If you have questions, please call (202) 442-9505.

I certify that I am a tenant in the housing accommodation listed above, that all the information I have provided is true, and that all copies of applicable documents attached are genuine. My signature below indicates the information furnished is true to the best of my information, knowledge and belief.

Date	Print Head of Household’s Name	Head of Household’s Signature	Phone number (8:15 am – 4:45 pm)
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