



**INSTRUCTIONS FOR THE VOTER QUALIFICATION FORM
FOR TENANT ELECTIONS TO CONVERT TO CONDOMINIUM OR COOPERATIVE**

The attached Voter Qualification Form must be submitted to the Condominium and Cooperative Conversion and Sales Branch (the “Branch”) of the D.C. Department of Consumer and Regulatory Affairs (“DCRA,” 941 North Capitol Street, N.E., Room 7100, Washington, D.C.). The form may be mailed, hand delivered, or submitted to a designated person at the property for delivery the Branch. **THE FORM MUST BE RECEIVED BY THE BRANCH NO LATER THAN SEVEN (7) BUSINESS DAYS BEFORE THE DATE OF THE ELECTION.**

SECTION I: HEAD OF HOUSEHOLD & INCOME

1. **HEAD OF HOUSEHOLD:** The head of household maintains the apartment as his/her principal place of residence, is a District of Columbia resident and contributes more than one-half of the cost of maintaining the apartment. If no single household member contributes more than one-half of 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 THE VOTER QUALIFICATION FORM MAY VOTE IN THE ELECTION.**
2. **NAMES OF HOUSEHOLD MEMBERS:** Provide the names and age of each person (including yourself) in the household, and identify those persons who are employed or who receive any income.
3. **ADDRESS & UNIT NUMBER:** Provide the property address and your unit number.
4. **DATE OF OCCUPANCY:** Give the date you moved into the building. If you are not sure of the exact date, provide the month and year. If you are a long-time resident, the year alone will suffice.
5. **HEAD OF HOUSEHOLD’S BIRTHDATE:** The year, month and date must be indicated. This information determines whether or not a tenant is a qualified voter.
6. **IS ANY MEMBER OF THE HOUSEHOLD AN EMPLOYEE OF THE OWNER?:** Your answer to this question must be yes or no; not applicable (N/A) is not an acceptable answer.
7. **TOTAL HOUSEHOLD INCOME:** Income includes but is not limited to, salaries, overtime pay, commissions, fees, tips, bonuses, net income for operation of a business or profession, full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability of death benefits or other types of periodic receipts, payments in lieu of earnings (unemployment and disability

compensations, severance pay and workmen's compensation). **DO NOT INCLUDE INCOME FROM ASSETS.** Assets will be listed separately in Item 9. You must provide complete and accurate information. If you have questions please contact the Branch on (202) 442-4477. **ALL INFORMATION PROVIDED ON THE VOTER QUALIFICATION FORM IS CONFIDENTIAL INFORMATION.**

8. **WILL YOUR INCOME BE SIGNIFICANTLY DIFFERENT THIS YEAR?:** If your income increases or decreases (e.g., retirement, demotion, promotion, raise, benefits not before received, etc.) in the next twelve (12) months after the date of the request for election, please provide as much information as possible to support the anticipated change. If you do not anticipate a change, please write "No Change Expected" in the space provided.
9. **LIST ASSET INFORMATION:** Assets include, but not are limited to the equity in real property, savings, stocks, bonds and other forms of capitol investments. Checking and savings account balances, safe deposit boxes and cash on hand which you or members of your household have elected not to put into deposit accounts are also considered assets. You may list the name types of assets together (e.g., all bonds, all real estate, all stocks, etc.) If you list the same types of assets together, you must also list the value of the asset and the income received from the asset together on the appropriate spaces on the Voter Qualification Form.
- **FOR TENANTS WHO ARE 62 YEARS OF AGE OR OLDER OR DISABLED TENANTS,** the answers to questions 5, 7, 8 and 9 below determine whether the tenant(s) has/have a right to remain in the building as renters when and if the building converts. Tenants are "elderly tenants" if they are 62 years or older on the date an owner requests an election. "Disabled tenants" have a disability as defined in D.C. Official Code § 42.3402.08(c)(1)(B)(ii)(I). Elderly or disabled tenants must also have a qualifying income of:

\$54,200 for a one-person household	\$85,816 for a five person household
\$63,233 for a two-person household	\$90,333 for a six person household
\$72,266 for a three-person household	\$94,850 for a seven person household
\$81,300 for a four-person household	\$99,366 for more than seven persons

Note: these income limits change annually.

QUALIFIED ELDERLY OR DISABLED TENANTS ARE NOT ELIGIBLE VOTERS AND MAY NOT VOTE IN THE TENANT CONVERSION ELECTION UNLESS HE OR SHE DELIVERS A WAIVER. A WAIVER MEANS THE ELDERLY OR DISABLED TENANT WAIVES HIS OR HER RIGHT TO REMAIN IN HIS OR HER UNIT AFTER THE ELECTION AND MAY BE REQUIRED BY THE OWNER TO MOVE.

- **FOR THOSE UNDER 62 YEARS OF AGE,** the answers to questions 5, 7, 8 and 9 indicate whether you may be eligible for housing assistance payments or other benefits.

SECTION II: ELDERLY & DISABLED STATUS

1. **ELDERLY STATUS:** If you are elderly if you are 62 years or older on the date the owner requests an election, check the box.
2. **DISABLED STATUS:** D.C. Official Code § 42.3402.08(c)(1)(B)(ii)(I) defines a disabled individual as having a medically determinable physical impairment, including blindness, which prohibits and incapacitates 75% of that person's ability to move about, to assist himself or herself, or to engage in an occupation. If you are a disabled individual you must provide a signed Physician Certification of Disability form verifying your disability. Check the appropriate box(es). **You must furnish a physician's certification or you will not qualify as a disabled tenant.**

YOU ARE NOT REQUIRED TO PROVIDE EVIDENCE OF THE NATURE OR SEVERITY OF YOUR DISABILITY, ONLY THAT YOU ARE DISABLED. YOU MUST PROVIDE DOCUMENTATION NO LATER THAN 7 BUSINESS DAYS PRIOR TO THE ELECTION DATE. INFORMATION ABOUT YOUR DISABILITY WILL NOT BE DISCLOSED UNLESS REQUIRED BY LAW.

SECTION III: CERTIFICATION

Print your name in the space provided and sign your name where indicated on the Voter Qualification Form.

It is necessary to provide a daytime phone number in case we must reach you to verify information on your form, ask for additional information, clarify the information provided, or let you know that you have failed to follow the directions. **Failure to provide the Branch with this information may disqualify you as an eligible voter or be considered for other possible benefits.**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (202) 442-4477.