



**TENANT CONVERSION ELECTION
VOTER QUALIFICATION FORM**

This form must be completed and signed by the head of household. All information provided is confidential. This form must be submitted to the Condominium and Cooperative Conversion and Sales Branch no later than 7 business days before the election.

Date: _____

I. HEAD OF HOUSEHOLD & INCOME

1. Name of Head of Household: _____
(see instruction worksheet)

2. Names of All Household Members (including head of household):

Name	Employed (Circle One)		Receives Income (Circle One)	
	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No

3. Property Address & Unit Number: _____

**ONLY THE DESIGNATED HEAD OF HOUSEHOLD
MAY VOTE IN THE CONVERSION ELECTION**

4. When did the head of household move into the building: _____
(date of occupancy)

5. The head of household's date of birth: _____

6. Is any member of the household an employee of the owner: _____
within the past 120 days? (answer yes/no)

7. Provide the total household income for the last 12 months prior to the request for election (see instruction sheet for definition of income)—do not include income from assets: \$ _____
8. Will the income amount provided above be significantly different this year? _____
(answer yes/no; if yes, why?)
9. List asset information (see instruction sheet for the definition of Assets). Do not include income defined in Item 7.

Type of Asset	Value of Asset	Income from Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. ELDERLY & DISABLED STATUS

(If this section does not apply to you please proceed to Item III.)

1. Elderly Status

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

2. Disabled Status

A disabled individual as having a physical or mental impairment that substantially limits one or more of the major life activities.

I certify that I am disabled as defined in D.C. Official Code § 42.3402.08(c)(1)(B)(ii)(I).

I have attached a signed Physician Certification of Disability form (or other licensed healthcare professional) verifying that I meet the definition as in D.C. Official Code § 42.3402.08(c)(1)(B)(ii)(I).

You cannot qualify as a disabled tenant without documentation.

III. CERTIFICATION

I certify that I am a tenant in the housing accommodation as set forth above and that all of the information I have provided is true, and 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.

Phone Number:
(between 8:15 a.m.–4:45 p.m.)

Signature of Head of Household
Print Name: _____