



**HOUSING PROVIDER’S DISCLOSURE TO NEW AND EXISTING TENANTS
 (DISCLOSURE OF BASIS OF RENT CHARGED FORM)**

DEAR TENANT(S):

In accordance with the provisions of the Rental Housing Act of 1985, as amended (“Act”), codified at D.C. OFFICIAL CODE §§ 42-3502.13(d) and 42-3502.22 (Supp. 2008), a Housing Provider shall make the following disclosure to each new Tenant not later than fifteen (15) business days after the tenancy commencement date, and to any other Tenant within ten (10) business days of a Tenant’s written request, but not more than once every twelve (12) months, of the following information:

1. Tenant’s Name & Address (Do not use a P.O. Box Number):

2. Housing Provider’s Name & Business Address (Do not use a P.O. Box Number):

3. Housing Provider’s Telephone and E-mail Address: _____

4. Housing Accommodation Name and Address:

5. Housing Accommodation Registration or Exemption Number: _____

6. Current Rent Charged for the Rental Unit: \$ _____

7. All adjustments in the Rent Charged of the Rental Unit for the three (3) years preceding the date of the lease up to the current Rent Charged, including the basis in the Act for each adjustment..

Year	Rental Unit No.	Prior Rent	New Rent	Amount of Increase in Rent Charged	Effective Date Rent Increase of Act	Section of Act	213(a)(2) Rental Unit No.*
20__							
20__							
20__							

[check if additional pages are attached]

Section of Act	Description
206(b)	Annual Increase of General Applicability (CPI-W based)
210	Capital Improvement
211	Change in Services/Facilities
212	Hardship Petition
213(a)(1)	Vacancy (10% Increase)
213(a)(2)*	IF APPLICABLE – State the Substantially Identical Rental Unit used for the Highest Comparable Vacancy Increase (30% max)
214	Substantial Rehabilitation
215	Voluntary Agreement

If you have any questions about this Disclosure, please direct them to the Rental Accommodations Division in writing at 1800 Martin Luther King Jr. Avenue SE, 2nd Floor, Washington, DC 20020, call (202) 442-9505, or visit the Housing Resource Center on Monday thru Friday from 8:30 am to 3:30 pm.

Signature of Tenant

Signature of Housing Provider

Date: _____

Date: _____

Signature of Additional Tenant (if applicable)

Date: _____