



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

Housing Regulation Administration  
Rental Conversion and Sale Division



**FORM 1**

**NOTICE TO TENANT OF LANDLORD’S RECEIPT OR  
SOLICITATION OF AN OFFER TO SELL THE  
SINGLE-FAMILY ACCOMMODATION AND  
NOTICE OF INTENT TO SELL**

TENANT: \_\_\_\_\_

ADDRESS OF TENANT: \_\_\_\_\_

Washington DC, ZIP CODE: \_\_\_\_\_

MODE OF DELIVERY (check all that apply):

- hand-delivered
- delivered by certified mail
- delivered by first-class mail
- delivered by a delivery service providing delivery tracking confirmation

Re: \_\_\_\_\_ (“Accommodation” address of the property)

\_\_\_\_\_ (“Landlord”)

To Whom It May Concern:

You are receiving this notification in compliance with D.C. Official Code §42-3404.09(b), (d), and (e). The Landlord has either received or solicited a written offer to purchase the Accommodation which is a Single Family Accommodation.<sup>1</sup>

<sup>1</sup> A Single-Family Accommodation means (A) a housing accommodation, whether freestanding or attached, and the appurtenant land that contains: (i) one single-family dwelling; or (ii) one single-family dwelling with one accessory dwelling unit or (B) a single rental unit in a condominium, cooperative, or homeowners association as that term is defined in D.C. Official Code § 47-871(2). A Single-Family Dwelling means a structure, whether freestanding or attached, that contains a room or group of rooms forming a single living space, which includes a kitchen, that is intended to be used for living, eating, and sleeping, and the structure’s appurtenant land.

If you:

1. **signed a written rental agreement for the Accommodation on or before March 31, 2018;** and
2. **occupied the Accommodation by April 15, 2018;** and
3. **are elderly (62 years of age or older) or have a disability** (see attached FORM 4 regarding documentation to establish status as an elderly tenant or a tenant with a disability)

you may be entitled to rights under the District of Columbia's Tenant Opportunity to Purchase Act (TOPA), such as the ability to purchase the Accommodation or assign your right to purchase the Accommodation. However, the only consideration you may receive in exchange for assigning your right to purchase the Accommodation is the right to immediately use and occupy your unit for a period of 12 months following the sale of the Accommodation at the rate of rent charged as of the date of the Offer of Sale.

In order to assert your rights under TOPA, you must deliver to Landlord a response to this notice within 20 days from the date this notice was delivered to you. FORM 2, attached as part of this notice, is a sample letter that you may use to respond to Landlord. Additionally, you must send the Mayor a copy of your response to Landlord. The District of Columbia's Department of Housing and Community Development (DHCD) will accept delivery on behalf of the Mayor at the address listed on the bottom of FORM 2.

If you are eligible for rights under TOPA, you will receive a written Offer of Sale from the Landlord; examples of said form are located on the DHCD website at [dhcd.dc.gov](http://dhcd.dc.gov). The Landlord is not allowed to deliver this letter to you more than 60 days before delivering an Offer of Sale to you. FORM 4, attached as part of this notice, is a letter that you may use to send DHCD, on behalf of the Mayor, to support your claim of being elderly or disabled. You must send evidence as indicated in FORM 4 and DHCD will make a determination within 30 days of receipt and notify you of such determination. *FORM 4 and the supporting documentation should not be sent to the Landlord, only to DHCD.*

It is your responsibility to prove that:

1. **Within 20 days from the date this notice was delivered to you that you delivered your response to Landlord and DHCD.** If you do not send the required response to Landlord and DHCD within 20 days from the date this notice was delivered to you, you will have waived your TOPA rights.
2. **Within 20 days of receiving a written Offer of Sale from the Landlord you sent DHCD, on behalf of the Mayor, the documentation identified on FORM 4.** Therefore, the use of mailing options with tracking services (such as USPS Priority Mail, FedEx, UPS or a similar service) is strongly encouraged, but not required.

If you would like further information with responding to this notice and with understanding your TOPA rights and obligations, you may contact:

Housing Counseling Services  
2410 17th Street NW, Suite 100  
Washington, DC 20009  
(202) 667-7006  
<http://housingetc.org/>

DHCD Rental Conversion and Sale Division  
1800 Martin Luther King Jr. Ave. SE  
Washington, DC 20020  
(202) 442-4407

Latino Economic Development Corporation  
641 S Street NW  
Washington, DC 20009  
202-588-5102  
[www.ledcmetro.org](http://www.ledcmetro.org)

D.C. Office of the Tenant Advocate  
2000 14th Street, NW, Suite 300 North  
Washington, DC 20009  
(202) 719-6560  
<https://ota.dc.gov/>

Sincerely,

_____	Name of Landlord
_____	Name of Landlord's Agent or Representative
_____	Address
_____	
_____	Telephone
_____	Email

Enclosures

cc: (via hand delivery, first-class mail, certified mail, or a delivery service providing delivery tracking confirmation to be sent same day as when sent to Tenant, with all enclosures) to:

Office of the Tenant Advocate  
2000 14th Street, NW, Suite 300 N  
Washington DC 20009

Rental Conversion and Sale Division  
DC Department of Housing and Community Development  
1800 Martin Luther King, Jr. Avenue, SE  
Washington, DC 20020



## FORM 2

# LETTER TO LANDLORD

**THIS LETTER MUST BE DELIVERED TO THE LANDLORD AND DHCD WITHIN 20 DAYS OF DELIVERY OF THE NOTICE FROM LANDLORD TO YOU.**

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

Sent by:

- UPS, Federal Express or similar overnight delivery service providing delivery tracking confirmation
- Hand
- First-Class Mail
- Certified Mail

NAME OF LANDLORD \_\_\_\_\_

ADDRESS OF LANDLORD \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Re: \_\_\_\_\_

("Single-Family Accommodation" or "Accommodation" address of property)

To Landlord:

I received your Notice to Tenant of Landlord's Receipt or Solicitation of an Offer to Sell the Single Family Accommodation and Notice of Intent to Sell dated \_\_\_\_\_.

I signed a rental agreement on or before March 31, 2018  Yes  No (Check one)

I occupied the Accommodation by April, 15, 2018  Yes  No (Check one)

I am 62 years of age or older  Yes  No (Check one)  
\*If yes, please refer to FORM 4

I have a disability  Yes  No (Check one)  
\*If yes, please refer to FORM 4

Names of other tenants in the same Accommodation: \_\_\_\_\_

I understand that by delivering this letter to Landlord and DHCD within 20 days after the Landlord's notice was delivered to me, that I am claiming to be elderly or disabled and to meet the necessary requirements in order to receive rights under the Tenant Opportunity to Purchase Act (TOPA). The next step would be for the Landlord to provide me with a written Offer of Sale, substantially similar to FORM 3. I then have 20 days from receipt of the written Offer of Sale to provide evidence supporting my claim of elderly or disabled status, and meeting the necessary requirements in order to receive rights under TOPA, to DHCD, pursuant to FORM 4. DHCD will make a determination and notify me within 30 days of receipt of FORM 4 and will not share the evidence with the Landlord or anyone else.

I affirm the following:

- I must deliver this letter to Landlord and DHCD within 20 days after the Landlord's notice was delivered to me.
- I do not send this letter to Landlord and DHCD within 20 days after Landlord's notice was delivered to me, that I have waived my TOPA rights.
- If I am 62 years of age or older or have a disability and would like to invoke my rights under TOPA that within 20 days of receipt of a written Offer of Sale, I have to deliver FORM 4 and supporting documentation to DHCD.

\_\_\_\_\_  
SIGNATURE OF TENANT

\_\_\_\_\_  
NAME OF TENANT (print)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

Copy sent to DHCD:

Rental Conversion and Sale Division  
DC Department of Housing and Community Development  
1800 Martin Luther King, Jr. Avenue, SE  
Washington, DC 20020



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**  
 Housing Regulation Administration - Rental Conversion and Sale Division



**FORM 4**  
**RESPONSE LETTER TO DHCD**  
**IF CLAIMING ELDERLY OR DISABLED STATUS**

**THIS LETTER MUST BE DELIVERED TO DHCD, ON BEHALF OF THE MAYOR,  
 WITHIN 20 DAYS OF RECEIVING A WRITTEN OFFER OF SALE FROM LANDLORD.**

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

Sent by:

- UPS, Federal Express or similar overnight delivery service providing delivery tracking confirmation
- Hand
- First-Class Mail
- Certified Mail

Rental Conversion and Sale Division  
 DC Department of Housing and Community Development  
 1800 Martin Luther King, Jr. Avenue, SE  
 Washington, DC 20020

Re: \_\_\_\_\_  
 ("Single-Family Accommodation" or "Accommodation" address of property)

To Whom it May Concern:

I received a written Offer of Sale from the Landlord on \_\_\_\_\_.

I signed a rental agreement on or before March 31, 2018  Yes  No (Check one)

I occupied the Accommodation by April, 15, 2018  Yes  No (Check one)

I am 62 years of age or older  Yes  No (Check one)

To prove this, I have enclosed one or more of these:

- Passport, or
- Birth Certificate, or
- District-issued Driver's License, or
- District-issued identification card.

I have a disability

Yes  No (Check one)

To prove this, I have enclosed one or more of these:

- Award letter for disability benefits from the U.S. Social Security Administration; or
- Letter from a physician stating that I have a disability.

Names of other tenants in the same Accommodation: \_\_\_\_\_

I affirm the following:

- I understand that if I am 62 years of age or older or have a disability, that I have to deliver a copy of this letter to DHCD along with certain proof of my age or disability within 20 days of receiving a written Offer of Sale from Landlord.
- I understand that if I do not deliver my responses on time, that I may have waived my rights under the Tenant Opportunity to Purchase Act (TOPA).

\_\_\_\_\_  
SIGNATURE OF TENANT

\_\_\_\_\_  
NAME OF TENANT (print)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL