



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds
1100 H Street, NW
Washington, DC 20004
Phone (202) 727-5374

The Lower Income Homeownership Exemption Program

Individual applicants must complete Part I through Part IV, non-profit organizations, shared equity investors and cooperative housing associations must complete Part I through Part V, of the application for Lower Income/Shared Equity Homeownership Exemption (D.C. Law 5-31).

In order to qualify, your income must fall under the household income limits against all person(s) in the household. The purchase price of the property shall not exceed \$367,200.00.

The Lower Income Homeownership Exemption program, if you qualify, will abate your real property taxes for the first five (5) years you are in your home, depending on when you apply.

If the transfer is under a Shared Equity Financing Agreement (SEF), a copy of the SEF Agreement must accompany the claim for exemption. If the transfer is under the Non-Profit Housing Organization provision, a copy of the organization's certification under section 501(c)(3) of the Internal Revenue Code must accompany the claim for exemption. If the transfer is under the Cooperative Housing Association provision, a list of all tenants and a completed Part III (Household Gross Income Schedule), along with proof of income for each qualifying tenant must accompany the claim for exemption.

An exemption if approved, shall be effective the October 1 following the date your deed is recorded.

The filing deadline for the Lower Income Homeownership Exemption-Tax Abatement application received in any given tax year is September 30.

Once approved, a notice from the Office of Tax and Revenue's (OTR) Real Property Tax Administration will be sent to you stating the effective dates the property will be placed in a non-taxable status. Once that notice is received, the applicant should notify and send a copy of the notice to the agency or person(s) to whom they pay their real property taxes.

Questions regarding the status of your application should be directed to the OTR's Customer Service Center at (202) 727-4829.

Other questions regarding the status of your application after recording and general information, including current eligibility limits, are to be directed to the Recorder of Deeds office at (202) 442-8641.



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds

1100 ...

Washington, DC 20004

Phone (202)727-5374

In order to consider your Lower Income Homeownership Exemption-Tax Abatement application, the following documentary evidence is required:

1. The Lower Income Homeownership Exemption Application (FP-420).
2. Copy of the Settlement Statement.
3. Copy of the Sales Contract.
4. Proof of Annual Household Income;
Evidence of income includes, but is not limited to, current pay stubs, employment letters, Social Security statements, public assistance statements, retirement allotment, and unemployment compensation. In addition, we require your previous year's income tax returns and Income Statement (W-2).
5. If all eligible working person(s) in the household are not working, state in a notarized affidavit that the eligible person(s) is not working, the last employment that person(s) held, and why that person(s) is not working now.
6. For self employed person(s) you must provide a notarized Profit and Loss Statement, under penalty of perjury, for current income and previous year's income tax returns.



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds

1100 ...
K ...

Phone (202)727-5374

**LOWER INCOME/SHARED
EQUITY HOMEOWNERSHIP
EXEMPTION [DC CODE SEC. 47-3502 (a) (1) 2001 ED.]**

QUALIFYING INCOME TABLE: EFFECTIVE: 8/1/2008

PERSONS IN HOUSEHOLD	HOUSEHOLD INCOME LIMITS
1.	\$ 5-2 (\$
2.	6+2 (\$
3.	+) 2 \$\$
4.	, (2 \$\$
5.	- %2, \$
6.	- +2 \$\$
7.	%2 (\$), \$
8.	1%2 \$\$



**Government of the
District of Columbia**

Office of Tax
and Revenue

Recorder of Deeds
%\$% (H 'GHYYtZGK '
Washington, DC 200&
Phone (202)727-5374

**ECONOMIC DEVELOPMENT ZONES
LOWER INCOME HOMEOWNERSHIP
EXEMPTION [DC CODE SEC. 47-3502 (b) (4) 2001 ED.]**

QUALIFYING INCOME TABLE: EFFECTIVE: AUm& , 20%&

PERSONS IN HOUSEHOLD	HOUSEHOLD INCOME LIMITS
1.	\$6* ,&&\$
2.	+) , * , \$
3.	,) , % \$
4.	- (, * \$\$
5.	%\$,) (\$
6.	'%\$ * , (&)
7.	1%& , ' %\$
8.	1% , &) 0



12. If you own less than 100% interest in the property, state name of owner of remainder.
13. Do you have an option to purchase any interest not now owned by you? YES NO
14. Did you receive a credit on the purchase price of the property? YES NO
If YES, state amount: \$
15. Did you purchase the property from a member of your family? YES NO
If YES, state name of seller:
Did you reside in the property 12 months per year? YES NO
If NO, how many months during the year do you reside in the property?
16. Do you own (in part or whole) any other real property? YES NO
If YES, state where:
17. Have you ever applied for the Lower Income Homeownership Exemption program before? YES NO
If YES, indicate date and disposition of your application.

PART III
Household Gross Income Schedule

You must include the total income of all members living in the household you own or rent.

Source of Income	(1) Claimant	(2) Spouse	(3) All Others	(4) TOTAL
(a) Wages, salary, tips, bonus, commissions, fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Dividends & interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Business income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Pensions & annuities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Capital gain & profits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Alimony received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Social Security and/or Railroad Retirement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Unemployment insurance and/or Workman's compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(i) Support money and/or public assistance grants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(j) Sick pay excluded from home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(k) Military compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(l) Fellowship awards and grants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(m) Life insurance proceeds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(n) Veteran's pensions and disability payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(o) GI bill benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(p) Loss time insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(q) Income subject to Unincorporated Business Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(r) Cash distributions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(s) Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(t) TOTAL HOUSEHOLD GROSS INCOME (enter here and on Line 1, Part 1, Page 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Household Residents Other than Claimant

List name, relationship, and social security number of all persons residing in the household.

Name	Relationship	Social Security No.	Age

I hereby swear or affirm under penalty of this law that this return, including any accompanying Schedules and Statements, has been examined by me/us and to the best of my/our information, knowledge and belief that statements and representations are correct and true. I/we hereby acknowledge that any false statement or misrepresentations I/we made on this return is punishable by criminal penalties under the laws of the District of Columbia.

Signature of Claimant Date

Signature of Preparer if other than Claimant Date

Claimant's Telephone No. (Home) Claimant's Telephone No. (Work)

Print Name of Preparer if other than Claimant

Sworn and subscribed before me this day of , 20 .

(Notarial Seal) Notary Public



PART V

Certification of Non-Profit Organizations, Shared Equity Investors and Cooperative Housing Associations

A. Single Family Residence

I, , a duly authorized officer of

hereby certify under oath,
Non-profit Housing Organization

that the intends to transfer the property
Non-profit Housing Organization

herein before described to a lower income household within three years from the date of

acquisition by
Non-profit Housing Organization

Authorized Signature

Title

Sworn and subscribed before me this day of , 20 .

(Notarial Seal)

Notary Public

B. Multi-Family Dwelling

I, , a duly authorized officer of

hereby certify under oath,
Non-profit Housing Organization

that the intends to transfer at least 35%
Non-profit Housing Organization

of the units in the herein before described real property to lower income households within three

years from the date of acquisition by
Non-profit Housing Organization

Authorized Signature

Title

Sworn and subscribed before me this day of , 20 .

(Notarial Seal)

Notary Public



C. Shared Equity Financing

I, (We) [] , person(s) acquiring qualified ownership interest in the property herein/before described pursuant a SEF agreement, hereby certify that the CEF agreement is intended to meet the requirements set forth in D.C. Law 5-31.

[]

Authorized Signature

[]

Title

Sworn and subscribed before me this [] day of [] , []

[]

(Notarial Seal)

Notary Public

D. Cooperative Housing Association

I, [] a duly authorized officer of

[]

Cooperative Housing Organization

hereby certify under oath,

that the []

Non-profit Housing Organization

intends to transfer at least 50%

of the units in the herein before described real property to lower income households within three

years from the date of acquisition by

[]

Cooperative Housing Organization

[]

Authorized Signature

[]

Title

Sworn and subscribed before me this [] day of [] , []

[]

(Notarial Seal)

Notary Public