



Government of the District of Columbia
Department of Consumer and Regulatory Affairs

ATTACHMENT A

Residential Property Substantial Undue Economic Hardship Checklist

The term Substantial Undue Economic Hardship (“Economic Hardship”) is not a defined term within D.C. Code § 42-3131.06. DCRA makes a determination regarding Economic Hardship based upon the facts and circumstances presented by the applicant. To qualify for an Economic Hardship exemption, you must provide the following documentation:

1. Vacant Building Response Form (VBRF) filled out in its entirety specifying the Tax Year that the relief is being requested;
2. A notarized written statement describing in detail why the owner is seeking the Economic Hardship exemption and the impact that a Class 3 vacant tax classification would impose;
3. A completed notarized Financial Ledger located on page 3;
4. Documents to support your notarized statement and notarized Financial Ledger. For example, tax returns, legal documents related to the court actions, etc.; and
5. A completed notarized Affidavit located on page 4.

If you have questions regarding the documents needed to support your notarized written statement and Financial Ledger, please contact the Program Manager for the Vacant Buildings Administration at blight-economichardship@dc.gov for assistance.

With respect to determining whether an applicant qualifies for an Economic Hardship exemption, some factors that DCRA may consider, include but are not limited to factors listed below. Please note that these are only examples of factors that DCRA may consider. The applicant is not required to provide information related to the factors listed below if the applicant does not voluntarily elect to rely on the below factor(s) to demonstrate Economic Hardship.

- the financial impact caused by the vacant building classification on the applicant;
- the cost of living in the area the applicant resides if applicable;



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- the occupancy in the property and/or the length of residency and ownership of the property if applicable;
- the age and/or employment status of the applicant at the time of application if applicable;
- the health of the applicant, the applicant's child, spouse, or parent if applicable;
- the education of the applicant and/or disruption of educational opportunities if applicable;
- any extraordinary circumstances, e.g., natural disaster, etc. if applicable.

This list is not all-inclusive and is merely representative of the types of factors DCRA might consider. Other factors presented by the applicant may also be considered by DCRA in making an Economic Hardship determination.



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FINANCIAL LEDGER

OWNER	CO-OWNER
Name	Name

Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support/ Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security / SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment income	\$	HOA/Condo Fees / Property Maintenance	\$	Other: _____	\$
Food Stamps / Welfare	\$	Car Payments	\$	Other: _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other: _____ _____	\$		
Total (Gross Income)	\$	Total Debt / Expenses	\$	Total Assets	\$



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AFFIDAVIT

TO THE APPLICANT: Please read this form carefully and completely before signing. You **must** complete and submit this Affidavit form with your application for a vacant building exemption.

I, _____ (*insert full name(s) of owner(s)*) certify that the information and documentation contained in the vacant building exemption application for building address _____ (the "Application") is true and correct.

1. I understand that by submitting this Application, DCRA may conduct an investigation to ascertain the veracity of the information provided therein.
2. I agree to provide all requested documents and to respond to DCRA questions regarding this Application in a timely manner.
3. I understand that the documents requested in the applicable Administrative Bulletin and Attachment described therein are required as supporting documentation to accompany my Application pursuant to District of Columbia Code § 42-3131.06. I understand that completing and submitting this Application does not guarantee that my Application will be approved.
4. I understand that by submitting my Application, I am verifying that the information provided in this Application is true and correct. I understand that the making of a false statement is punishable by criminal penalty.

Owner Signature Date

Print your Name Phone Number Email Address

Co-Owner Signature (if applicable) Date

Print your Name Phone Number Email Address

District of Columbia

This record was acknowledged before me on _____ by _____
Date Name(s) of Individual(s)

Please include email and phone number. _____
Notary Public

Seal

My commission expires: _____