EXHIBIT G: **Rent Control Exemption Form**

BZA
Case No. 16800
Exhibit No. 11

Board of Zoning Adjustment
District of Columbia
CASE NO.16800
EXHIBIT NO.11

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
HOUSING REGULATION ADMINISTRATION
Rental Accommodations and Conversion Division, 4th Floor, 614 H Street, N.W.
Washington, D.C. 20001

RENTAL ACCOMMODATIONS & CONVERSION DIVISION RECEIVED Feb 20 9 00 AM '98

Registration/Claim Of Exemption Form

(Please print in ink)

OFFICIAL USE ONLY

New Registration

Continuing Registration

New Registering Established

STATEMENT OF

General Information

Exemption Information

Rate of Rent Information

Service and Facilities Information

Base Rent Information Challenge On

Notice of Determination Mailed

Correction Requested Date

Intake Reviewer

Signed

FINAL DETERMINATION AND APPROVAL

Final Approval

Mailing of Receipt Date

Intake Reviewer

Initials

CUSTOMER NO:

AUDIT #

CATEGORY NO:

Lot # _____ Square # _____

FEE: $ EX 524390

PLEASE READ INSTRUCTIONS

1. Name of Applicant (If Corporation or Partnership Complete Box at Right): Thomas Brown

2. Trade Name of Business (If Any): M3 Property Management

3. Partnership or Incorporating Information
Check: ☐ Partnership ☐ Corporation
List Partners or Officers
President or Partner
Vice President
Secretary or Partner
Treasurer or Partner
Other
State of Incorporation / Year

4. Billing Name: M3 Property Management

5. Billing Address: P.O. Box 2772, Arlington VA 22202 Zip

6. Home Address of Applicant: 316 11th NW Washington DC. 20001

7. Corporation and Non-D.C. Resident Applicant's Agent
Name: Address:

8. Signature of Agent in Block 7 / 9. Telephone Number: (202)737-3420

10. Owner of Building
Name: Thomas Brown Address: 316 11th NW, Washington DC. 20001

11. Address of Premises Applied for: 1913 13th St NW Washington DC. 20001

12. D.C. Vendor

13. Certificate of Occupancy No.: B001B0080-2-20-98

14. APT. No. of Apartments in Bldg. 4 1-Br 3 2-Br 2-Br 1 Registered / / Exempt / /

C.
Name of the management agent or company: N/A
Name of the property manager: N/A
Address of the management agent or company: N/A
Telephone number of the management agent or company: N/A

CERTIFICATION: I, the undersigned owner or agent, certify that the information provided on this form is complete and accurate. If other than the owner, I certify that I have the authority from the owner to make such certification. In signing this form, I understand that the filing of false statements with the Rental Accommodations and Conversion Division is subject to a fine of up to $1,000.00, pursuant to the Rental Housing Act of 1985.

16. Signature of Owner/Agent / 15. Date: 2/20/98 / 16. Telephone Number: (202)737-3420

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
HOUSING REGULATION ADMINISTRATION
Rental Accommodations and Conversion Division, 4th Floor, 614 H Street, N.W.
Washington, D.C. 20001

CERTIFICATE OF REGISTRATION/CLAIM OF EXEMPTION FOR: _____

Property Address

RACD Registration Number

RACD Claim of Exemption Number: 524390

REGISTRATION/CLAIM OF EXEMPT _____

Number 524390

CLAIM OF EXEMPTION FORM

You indicated in section B on page one that the property is exempt. Please provide the following information. In accordance with provisions of Section 205 of the Rental Housing Act of 1985, this property is exempt for the following reasons:

A. [✓] Unit(s) whose owner(s) hold and operate four (4) or fewer rental units. § 205(a) (3)
B. [ ] Unit(s) owned or subsidized by the District of Columbia or the Federal Government. § 205(a) (1)
C. [ ] Building constructed after DECEMBER 31, 1975. § 205(a) (2)
D. [ ] New units in existing building for which the initial Certificate of Occupancy was issued after January 1, 1980. § 205(a) (2)
E. [ ] Building continuously vacant and not subject to rental agreements since January 1, 1985. § 205(a) (4)
F. [ ] Building previously exempted under § 206(a) (4) of the Rental Housing Act of 1980. (D.C. Law 3-131).
G. [ ] Rented cooperative unit(s) whose owner(s) hold and operate four (4) or fewer units. § 205(a) (5) As amended.
H. [ ] Building for which a Distressed Property Improvement Plan has been executed under the Distressed Property Improvement Program of Title VIII of the Act. § 205(a) (6).
I. [ ] Building for which a Building Improvement Plan has been executed under the Apartment Improvement Program or other DHCD multifamily assistance programs. § 205(a) (7)
J. [ ] Building which was 80% vacant on April 30, 1985, and which has been approved for exemption by the Rent Administrator § 205(a) (8)
K. [ ] Single family house which became voluntarily vacant or vacant as the result of a legal action. § 205(a) (9)
L. [ ] Other (please explain) _____

If you checked A or K above, list the names of each natural person(s) having DIRECT or INDIRECT interest in the housing accommodation.

Name	Address	Telephone Number
Thomas Brown	316 M St NW	(202) 737-3420
	Washington, D.C. 20001	

Does the above named persons have an interest in any other rental unit in the District of Columbia? [ ] Yes [✓] No

Provide a description of all other residential rental properties in which the above named person(s) have a direct or indirect interest.

Property Address	Number of Units

SERVICES AND FACILITIES PROVIDED AS OF
September 1, 1985

Services and facilities provided as part of rent
Check if provided:

Cooking range	✓	Cooking gas	
Dishwasher	✓	Hot water	✓
Refrigerator	✓	Parking	
Garbage disposal	✓	Exterminator	
Washing machine in unit	✓	Secretarial service	
Dryer in unit	✓	Security guard	
Air conditioning	✓	Laundry room	
Elevator	✓	Washer, Coin operated	
Water/sewerage	✓	Dryer, Coin operated	
Electricity	✓	Storage room	
Heat	✓	Intercom	
Other ____		Other ____	

Services and facilities provided as part of rent
Check if provided:

Washing machine in unit	✓	
Dryer in unit	✓	
Air conditioning	✓	
Furniture		
TV antenna		
TV cable		
Parking		
Community room		
Swimming pool		
Other ____		

$ Monthly Cost

CERTIFICATION OF COMPLIANCE

[✓] I/We certify that this property is in compliance with the D.C. Housing Regulations and, to the best of my knowledge, has no outstanding substantial violations.

[ ] I/We have attached a list of all substantial violations of the D.C. Housing Regulations which, to the best of my knowledge, exist at this property.

Signature: (Owner/agent) _____

Name (Owner/agent) _____