

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer
Office of Tax and Revenue



Restricted Resale Taxable Assessment Form
(Owner-Occupied Moderate to Low Income Residential Properties)

Address of Property: _____

Square _____ Suffix _____ Lot _____

Name of Purchaser: _____

Name of Seller: _____

Term of restrictions or duration: (minimum of 5 years) _____

Imposer of restrictions: (This must be a government entity or qualified non profit agency. If a non-profit, please attach copy of IRC § 501(c) (3) letter from IRS)

Sale Price: _____

(Please exclude grants or other amounts received from an entity that are not likely to be re-paid).

Sale Date: _____

Under penalties of law, I declare that I have examined this form with any attachments and, to the best of my knowledge, it is correct. Making a false statement is punishable by criminal penalties under DC Official Code §§ 22-2405 and 47-4106.

Signature of individual filing form: _____

Print name: _____

Address: _____

Phone number: _____

Copies of documents containing limitations, encumbrances, or restrictions affecting the resale of this real property must be attached to this form, if such limitations, encumbrances, or restrictions are **not** in the Deed of Title.