

**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.

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