**Fair Housing Project Summary & Certification (Short Form)**

**Fair and Equitable Housing Office (FEHO)**

**\*\*\*\*To be approved to HCR *PRIOR* to Closing\*\*\*\***

This form allows New York State Homes and Community Renewal (NYS HCR) to conduct a preliminary fair housing review prior to closing. **Please note that in order to proceed to occupancy and lease-up of HCR-funded units, you are *also* required to obtain HCR approval of a full Affirmative Fair Housing Marketing Plan (“Long Form”) *prior to* occupancy and lease-up**. Please review HCR Guidelines to filling out this and the full AFHMP at the following address: <https://hcr.ny.gov/marketing-plans-policies>

**Section 1 – Project Identification**

**1a. Project Name:** Click here to enter text

**Project Address:** Click here to enter text.

**HCR Project ID Number:**

**1b. Developer (Company):** Click here to enter text.

Name of Contact & Title: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1c. Owner (if different than Developer):** Click here to enter text.

Name of Contact & Title: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1d. Managing Agent or Person/Agency in Charge of Completing the Affirmative Fair Housing Marketing Plan:** Click here to enter text.

Name of Contact & Title: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1f. Provide a one-paragraph summary project narrative (Units, AMIs, funding, etc.):**

Click here to enter text.

**1g. Total Number of Units in Project:** Click here to enter text.

**Number of HCR-funded Units:** Click here to enter text.

**Number of Market Rate Units, if applicable:** Click here to enter text.

**Number of Other Units, if applicable:** Click here to enter text.

**Total Number of Units in Project:** Click here to enter text.

**Total Number of Buildings in Project:** Click here to enter text.

**1h. Project Type (check all that apply):**

New Construction

Occupied Rehabilitation (tenants in place) Enter no. of units occupied

Rehabilitation (no tenants in place)

Small Rental Development Initiative (SRDI)

RAD

Rehabilitation of Federally Assisted Public Housing

Mitchell Lama (currently an Article II development)

Seniors 55 and older: Enter no. of units & percent for seniors 55+

Seniors 62 and older: Enter no. of units & percent for seniors 62+

Supportive Housing (with onsite funded supportive services) Explain

Other Special Needs Housing (w/o a funded on-site supportive services award) Explain

Other Click here to enter text.

NOTE: If the project has age-restricted units, you must obtain a waiver pursuant to the New York Human Rights Law through the New York Division of Human Rights.

**1i.** AGE-RESTRICTED HOUSING WAIVER: You must include one of the following: **Check which**

**one applies:**

Attaching a DHR Waiver for Age-Restricted Housing for this project dated: Enter Date

Seeking a DHR Waiver for Age-Restricted Housing for this project: Enter Date of Submission to DHR

**1j. Project Funding Sources (including tax abatements and credits):**

HCR: Click here to enter source & amount

NY State (non-HCR): Click here to enter source & amount

Federal (for example, Section 8 PBV, HOME, Federal Housing Trust Fund, etc.):

Click here to enter source of Federal funding

Local government(if HPD/HDC see note below): Click here to enter source & amount

Private (non-government): Click here to enter source & amount

Other:Click here to enter source & amount

NOTE: If project is co-funded by New York City through Housing Preservation and Development (HPD) and/or Housing Development Corporation (HDC), consult with your HCR representative about a different HPD-specific form before continuing.

**1j. Is the Project an HCR-monitored Section 3 Project?**

Section 3 is a federal law that applies to Projects meeting the factors below and requires that hiring and contracting priorities be given to low-income individuals and the companies that hire or are owned by them through greatest extent feasible efforts (For more info: <https://hcr.ny.gov/section-3-compliance>).

**The Project is an HCR-monitored Section 3 Project if (check which apply. If none are checked, SKIP to Section 2):**

The combined amount of federal HUD housing and community development financial assistance to project is more than $200,000. HCR monitors Section 3 compliance for Projects for which it committed these specific funds: (check all that apply)

HOME Investment Partnership Program Funds committed by NYS HCR.

Click here to enter amount

Federal Housing Trust Fund (Federal HTF) committed by NYS HCR.

Click here to enter amount

Community Development Block Grant (CDBG) committed by NYS HCR.

Click here to enter amount

NOTE: Section 3 requirements are also triggered by the receipt of federal public housing financial assistance, which should be administered by the local public housing authority involved in the Project.

In addition, if the Project has HOME, Federal HTF, CDBG or RAD funds committed to the Project by an entity other than NYS HCR, which together or combined with NYS HCR federal HUD funds, amount to more than $200,000, the Project is still subject to Section 3 requirements. In these cases, Section 3 compliance may be monitored by the entity that committed that funding as well as HCR. Contact your HCR representative if the Project has federal HUD funding (RAD, CDBG, HOME and federal HTF), at least a portion of which was not committed by HCR but, together make up more than $200,000.

**Participation Plan Requirement**

If the Project is a Section 3 Project, CONFIRM that the Owner/Developer AND General Contractor have completed a Section 3 Participation Plan and attached it to this Certification for HCR review and approval. Project will not be able to proceed to construction closing without such approval. Participation Plan available here: <https://hcr.ny.gov/section-3-compliance#forms---documents>

**Section 2 – Supportive, Special Needs and Accessible Units**

**2a.** Will this project have Supportive Housing Units or Special Needs Preference Units? Choose an item.(*If NO, skip to next section*)

“Supportive Housing Units” are units for which there is service and operating funding awarded for supportive services through such sources as the Empire State Supportive Housing Initiative (ESSHI), Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), or who otherwise have HCR Supportive Housing Opportunities Program (SHOP) funding. *Since these units are filled exclusively by a centralized referral system, it is not required that they be publicly marketed*. (“N/A” can be entered in all fields that involve public marketing with respect to these units)

“Special Needs Preference Units” are those for which the developer committed in its application for funding to create a priority in tenant selection for persons with specific special needs. These are units that do not have an operating/supportive services award to fund the supportive services. An experienced service provider shall refer prospective tenants with Special Needs to the project and provide some level of supportive services pursuant to a written agreement approved by New York State. **Unless otherwise approved by FEHO, these units must still be marketed to the general population since members of the public who are in the Special Needs population should also be able to take advantage of the admissions preference**.[[1]](#footnote-2)

“Accessible Units” refer to units that, pursuant to the terms of the Project’s HCR funding, are fully accessible, adapted and move-in ready for applicants with mobility or hearing/visual impairments (See HCR’s Design Guidelines for further specifications). This term also refers to units that must be built pursuant to the 5% and 2% accessibility design requirements for certain buildings under Section 504 of the Rehabilitation Act of 1973. **Unless otherwise approved by FEHO, these units must be marketed to the general population so that applicants that may benefit from the features may have access to the units**.

Fill in the table below regarding the Supportive Housing, Special Needs Preference and Accessible Units that have been approved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Target Population**  (e.g. Persons who are frail elderly, Homeless, etc.) | **Number of Units** | **Agency, Program &/or Document Requiring the Unit**  (e.g. ESSHI, OPWDD, HCR Regulatory Agreement, Commitment Letter, etc.) | **Supportive Services/ Referral Organization** |
| **Supportive Housing Units** | Enter Text | Enter # | Enter Text | Enter Text |
| **Special Needs Preference Units** | Enter Text | Enter # | Enter Text | Enter Text |
| **Accessible Units for those with Mobility** | **N/A** | Enter # | (Choose one or both)  Pursuant to HCR Design Guideline’s Fully Accessible & Adapted Move-In Ready Unit specs &/or  Pursuant to Section 504 of the Rehabilitation Act | Enter Text |
| **Accessible Units for those with Hearing/Vision Impairments** | **N/A** | Enter # | Enter Text |

**2b.**  A copy of the referral and/or services agreement, or other evidence of referral arrangement, is attached to this submission. If not available, describe why not.

**2c**. Other than the population described in the “Target Population” column above, will the Supportive Services/Referral Organization impose other demographic or geographic limitations on the referrals based on, for example, the population they serve? (e.g. only women, only men, only singles without children, only from a specific area or county)? Please describe.

**Click here to enter text.**

**2d**.  Confirm that all Supportive Housing, Special Needs Preference and Accessible Units will be equitably distributed throughout the project by size, location and access to amenities.

**Section 3 – Occupancy Preference**

It should be noted that tenant selection and occupancy preferences – even when not intentionally discriminatory – may in practice deny equal housing opportunity or perpetuate segregation without justification and thus be prohibited by the Fair Housing Act and the New York State Human Rights Law. HCR’s approval of any AFHMP containing any project-requested tenant selection or occupancy preferences does not constitute legal advice or its imprimatur of legality of the preference.

**3a.** Is the owner requesting an Occupancy Preference for a specific type of applicant (These include residency, artist, workforce, public housing waiting lists, school district, zip code, mobility status, homelessness, domestic violence, veteran status and/or any other admission preference based on where the project is or a characteristic of the target applicant pool)[[2]](#footnote-3)

Yes

No. If you answered NO, proceed to Section 4

**3b.** What type of Occupancy Preference(s) is/are requested? Enter Text

**3c.** To how many units will the Occupancy Preference(s) apply? (List for each preference requested)

Enter Text

**3d.** If you are requesting more than 1 Occupancy Preference, how do they interplay with each other and the larger application pool? (i.e. points awarded for each preference, etc.)

Enter Text

**3e.** What are the time limits on the Occupancy Preference(s)? (i.e. available only at lease-up, perpetual?)

Enter Text

**3f.** Is the Occupancy Preference the requirement of any source of funding or regulatory agency? Which? Please specify the policy and/or law.

Click here to enter text.

**3g.** What is the reason/justification for having an Occupancy Preference? (Please provide specific policy goals, their source, and any support to show that the preference would not have a disparate impact on protected classes in violation of the Fair Housing Act and the New York State Human Rights Law)

Click here to enter text.

**3h.** What is the geographic area for the Occupancy Preference?

Click here to enter text.

**3i.** Demographics for the population targeted by the requested Occupancy Preference *must* be provided to HCR as part of your assessment that the preference does not perpetuate a discriminatory impact on a protected class.

Please provide the demographic make-up of the individuals eligible for the preference.

White: Enter Percentage%

American Indian or Alaska Native: Enter Percentage%

Asian: Enter Percentage%

Black or African American: Enter Percentage%

Native Hawaiian or Other Pacific Islander: Enter Percentage%

Hispanic or Latino: Enter Percentage%

Persons with Disabilities: Enter Percentage%

Families with Children: Enter Percentage%

Other ethnic group, religion, etc. Enter Percentage%

(NOTE: Demographics for all populations in the Occupancy Preference(s) request must be provided. Provide additional demographics as an attachment.)

**3j**. How do you plan to periodically evaluate your Occupancy Preference(s) to ensure that it does not perpetuate a discriminatory impact on protected classes?

Click here to enter text.

**3k.** Anything else that we should know about the requested Occupancy Preference(s)?

Click here to enter text.

**FAIR HOUSING CERTIFICATION**

1. Recipient hereby agrees to comply with the policies and procedures promulgated by HCR as to marketing and tenant selection requirements, and to comply with all federal, New York State and local fair housing and non-discrimination laws, as applicable.

2. Consistent with such requirements, Recipient has submitted its Fair Housing Project Summary, listing any special needs and occupancy preferences that it will apply toward the selection of tenants in the project, and will not deviate from it without express written approval from HCR.

3. Also consistent with such requirements, **Recipient may not market or lease units or proceed to occupancy until it has submitted to and obtained approval from HCR of an Affirmative Fair Housing Marketing Plan and marketing materials** that are consistent with HCR’s Affirmative Fair Marketing Plan Guide for Managing Agents, Owners, and Developers, HCR’s policies and regulations, and all federal, New York State and local fair housing and non-discrimination laws, as applicable.

4. Recipient must submit its Affirmative Fair Housing Marketing Plan and all marketing materials and ads, as well as proof of registration on NYHousingSearch.gov, to HCR upon 50 percent completion of construction, but in no case later than **240 days prior** to date assigned for substantial completion and/or Certificate of Occupancy. Forms available here: <https://hcr.ny.gov/marketing-plans-policies>

5. I hereby certify that I have read and am familiar with the requirements and provisions of the New York State Homes and Community Renewal Affirmative Fair Housing Marketing Plan Guidelines, and all information stated herein and attached Exhibits, are true and accurate.

6. The Recipient understands that failure to comply with HCR’s marketing plan and tenant selection requirements shall subject the Owner, Developer and/or Marketing Agent to the fullest extent of the law including, but not limited to, HCR limiting or prohibiting the future participation of the undersigned, any subsidiaries or related entities in NYSHCR programs.

7. I, the signatory of this Fair Housing Certification, am duly authorized and have legal capacity to execute and this Certification on behalf of the Recipient.

Signature: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Check if signing electronically by

typing name

Print Name: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHARS ID/

Contract Number: Enter Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For Special Needs Preference units, additional preference will be given to those with special needs who are veterans or their spouse, which means those who have served in the armed forces of the United States:: (i)  for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii). [↑](#footnote-ref-2)
2. For those projects with Mitchel Lama funding, priority will be given veterans as defined in the previous footnote. [↑](#footnote-ref-3)