

Occupancy Policy Certification

Project Name: _____ NYSHCR Project ID: _____
Project Address _____
Project Owner: _____ Managing Agent: _____

It is the policy of the Project listed above to implement the following occupancy standards (listed in the final column) for the affordable housing units financed by New York State Homes and Community Renewal in the Project:

Bedroom Number	Required Minimum Number of Occupants	Optional Maximum Number of Occupants	Project Specific Maximum Number of Occupants
0	1	2	
1	1	3	
2	2	5	
3	3	7	
4	5	9	
5	7	11	

I certify on behalf of the Project, the Owner and the Managing Agent that this occupancy standard does not conflict with:

- (1) Housing programs and government policies that have legally required occupancy policies (such as federal Section 8 programs and foster care placement, 18 NYCRR 442.6); or
- (2) Local fire, housing maintenance and/or other governmental occupancy laws or codes.

Signature of Project Rep. Date Project Rep Email

Name & Title of Project Rep. Project Rep Phone No.

Employer of Project Rep.

LICENSED PROFESSIONAL CERTIFICATION (REQUIRED)

I am an NYS-licensed (check one) [] Architect or [] Attorney. I certify that the occupancy standard set out above does not conflict with local fire, housing maintenance and/or other governmental occupancy laws or codes.

Signature Date License Number Employer

Name & Title Address & Email

NYS HCR SECTION

Accepted By: _____
Signature Date Name & Title