

Project Name: _____ NYS HCR Project ID: _____
 Project Address: _____
 Unit Number (for the Accessible Unit this waiver covers): _____
 Project Owner: _____ Managing Agent: _____

Accessible Unit Waiver Request

An Accessible Unit may not be leased to an applicant that does not need the accessibility features unless this waiver is completed and signed by an New York State Homes and Community Renewal (NYS HCR) representative, in line with the [Accessible Unit Policy](#). A waiver from NYS HCR must be obtained for each Accessible Unit *each time* it will be leased by an applicant not in need of the Accessible Unit’s features. Failure to obtain a necessary waiver may result in a finding of noncompliance and any additional penalties and/or remedies as to be determined by NYS HCR. Completion of this waiver affirms that the following is true.

I certify on behalf of the Project, the Owner, and the Managing Agent that:

1. The above-referenced Accessible Unit has remained vacant for 60 days even after completion of the Required Outreach and Marketing (as defined in [NYS HCR’s Accessible Unit Policy](#));
2. The Required Outreach and Marketing period lasted the required number of days:
 - a. For initial lease-ups or remarketing, the required number of days is 60 days,
 - b. For existing projects that have a vacancy, the required number of days is 45 days
3. Outreach and marketing continued during the vacancy period (even if beyond the 45- and 60-day required periods);
4. NYHousingSearch.gov was updated to reflect the vacancy for the entire marketing and outreach period (2. a or b, above);
5. An advertisement for the Accessible Unit(s) was provided to NYS HCR and posted on NYS HCR’s lottery page for the entire marketing period (<https://hcr.ny.gov/lotteries>);
6. Applications for Accessible Units are accepted on a rolling basis and the waitlist for Accessible Units continues to remain open, even if the general waitlist is closed;
7. A lease rider will be provided to all households not in need of the Accessible Unit’s features with language that the household agrees to relocate to an available, comparable unit if another household requires the accessibility features of the Accessible Unit (model language is provided in NYS HCR’s Accessible Unit Policy). Additionally, the Project will pay all moving costs associated with the move; and
8. I have provided documentation of all marketing and outreach efforts to the NYS HCR representative for this project.

Signature of Project Rep.	Date	Project Rep Email
Name & Title of Project Rep.	Project Rep Phone No.	
Employer of Project Rep.		

NYS HCR SECTION

Accepted By:

Signature	Date	Name & Title
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