NEW YORK STATE OF OPPORTUNITY. Homes and Community Renewal

Small Building Participation Loan Program (PLP)
Virtual Housing Randomization Certification

I, _____ (Name), hereby certify, in my official capacity as _____ (Position) of _____ (Owner, Developer or Managing Agent) in relation to the following project _____ (Project Name)(the "Project") located at _____ (Address of Project), that:

1. I am an authorized representative of the Project listed above and as such have full authority to make the certification contained herein;
2. A randomization of applications for the vacant units at the Project was held on this date: _____ at this time, _____.
3. The randomization was conducted: (Choose one):
   - ☐ By live-stream with potential applicants invited through electronic means (with a recording stored and available for public inspection); and/or
   - ☐ By electronic video recording with the file stored and available for public inspection (Note: you must obtain a waiver from HCR to the live-stream requirement).
4. The randomization was conducted by a trained and experienced staff of the Owner, Developer or Managing Agent. The person in charge of the randomization was _____ (Name).
5. All applications received by the approved deadline were entered into the application log and randomized, unless stated otherwise in the approved Affirmative Fair Housing Marketing Plan;
6. The order in which applicants were or will be selected for occupancy is according to the order resulting from the randomization;
7. The only instances where applicants have been or will be called out of randomization order is where there is a specifically approved preference or set-aside in the Project's Affirmative Fair Housing Marketing Plan or other regulatory document approved by New York State Homes and Community Renewal;
8. The randomization was conducted in accordance with the guidelines that were approved by Homes and Community Renewal in the Affirmative Fair Housing Marketing Plan.

I certify under penalty of law that the information contained in this Certification is true and correct.

Signature: _____ Date: _____ (electronic signatures accepted)
Name:_____
Address:_____
Telephone Number:_____ Email:_____

Witness Signature:_____ Date: _____ (electronic signatures accepted)
Name:_____
Address:_____
Telephone Number:_____ Email:_____