



ASSEMBLY STANDING COMMITTEE ON HOUSING

NOTICE OF PUBLIC HEARING

SUBJECT: Oversight of the State Fiscal Year 2017-2018 State Budget for New York State Homes & Community Renewal.

PURPOSE: To review the impact and implementation of the State Budget for housing.

New York City
Thursday, December 14, 2017
11:30 a.m.
Assembly Hearing Room
Room 1923, 19th Floor
250 Broadway

The State Fiscal Year 2017-2018 budget includes a five-year \$2.5 billion statewide spending plan for the preservation and creation of affordable housing and for the creation and operation of at least 6,000 supportive housing units. In addition, the enacted housing budget includes appropriations for the support of other traditional housing programs, which provide and maintain housing opportunities for all New Yorkers and provide capital funding to improve our housing stock. Given New York's many different regional and population needs, these housing programs are designed to address housing challenges in different community settings and have a focus on individuals and families with varying income levels and particular housing needs. The Assembly Committee on Housing continues to prioritize the housing needs of all New Yorkers, many of whom are struggling to find quality, safe, and affordable housing. To respond best to the ever-changing needs of New Yorkers, the Committee welcomes feedback from the public served by the State Fiscal Year 2017-2018 Housing Budget to understand better the needs and experiences of our citizens.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to the committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements. In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in receiving written testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Steven H. Cymbrowitz
Member of Assembly
Chair
Committee on Housing

PUBLIC HEARING REPLY FORM

Persons wishing to attend the public hearing on the oversight of the State Fiscal Year 2017-2018 State Budget for New York State Homes & Community Renewal are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Mike Szydlo
Principal Analyst
Room 520, Capitol
Albany, New York 12248
Email: szydlom@nyassembly.gov
Phone: (518) 455-4928
Fax: (518) 455-5182

- I plan to attend the following public hearing to discuss the oversight of the State Fiscal Year 2017-2018 State Budget for New York State Homes & Community Renewal on December 14, 2017.
- I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____