



ASSEMBLY STANDING COMMITTEE ON HOUSING

NOTICE OF PUBLIC HEARING

SUBJECT: Oversight of the State Fiscal Year 2021-2022 State Budget for New York State Division of Housing and Community Renewal.

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

NEW YORK CITY

October 27, 2021
Assembly Hearing Room, 250 Broadway
19th Floor, New York, New York
10:00 A.M.

The State Fiscal Year 2021-2022 budget includes approximately \$1.7 billion to support New York's housing programs. The Assembly Committee on Housing continues to prioritize housing stability and the preservation and development of affordable housing that works for all New Yorkers and, to that end, now invites feedback from those implementing and being served by the State Fiscal Year 2021-2022 Housing Budget to better understand their needs and experiences. The Committee also welcomes testimony regarding the need for a new five-year capital spending plan for affordable housing purposes to support preservation and development activities moving forward.

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 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.

Attendees and participants will be required to wear face coverings at all times in the hearing room unless speaking during testimony. Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing 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.

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Oversight of the State Fiscal Year 2021-2022 State Budget for New York State Division of Housing and Community Renewal are requested to complete this reply form as soon as possible and mail, email or fax it to:

Patrick Totaro
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Assembly Committee on Housing
Room 520 - Capitol
Albany, New York 12248
Email: totarop@nyassembly.gov
Phone: (518) 455-4928
Fax: (518) 455-7095

- I plan to attend the following public hearing on Oversight of the State Fiscal Year 2021-2022 State Budget for New York State Division of Housing and Community Renewal to be conducted by the Assembly Committee on Housing on October 27th.
- 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 will address my remarks to the following subjects:

- 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: _____