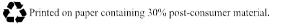


Office of Neighborhood Strategies Division of Tenant Resources 100 Gold Street New York, N.Y. 10038

Statement of CoC Mod SRO Briefing Completion: Project Sponsor

	1.	That (tenant/applicant name:) v	vas briefed on program	
		requirements for the Continuum of Care Moderate Rehabilitation Single-Room Occupancy			
(CoC Mod SRO) Program. This briefing took place on (date of briefing:					
		included:			
		a. a presentation outlining pro	ogram responsibilities,		
		b. the "Things You Should Kno	ow" form,		
		c. the CoC Mod SRO program briefing document,d. appropriate contacts and resources for asking further questions about the CoC N SRO program:			
		i. Phone Number: (21	.2) 863 – 8320		
		ii. Fax: 212-863-8828			
		iii. Email: PBV@hpd.ny	<u>/c.gov</u>		
	2. That the tenant has reviewed all the briefing materials provided.				
	3.	That my contact information has be	en provided below.		
GNATURE		PRINT NAME	TITLE	DATE	
3.0.0.			***************************************	5,112	
Project Sponsor	Coı	ntact Information			
Employee Name and Title:			Telephone nu	Telephone number:	
Email address: _					
Name of sponso					
organization:					

 $^{^{1}}$ A Project Sponsor may be an owner, property manager, and/or supportive service provider.





Office of Neighborhood Strategies Division of Tenant Resources 100 Gold Street New York, N.Y. 10038

Statement of CoC Mod SRO Briefing Completion: Project Applicant

I, (tenant/applicant nar), do he), do hereby affirm and				
state:						
Rehabilitat (date of br	been briefed on program requi ion Single-Room Occupancy (Co iefing:), and includ presentation outlining program i	C Mod SRO) Program. This br ed:				
b. the	e "Things You Should Know" for	m,				
c. the	c. the CoC Mod SRO program briefing document,					
-	 d. appropriate contacts and resources for asking further questions about the CoC N SRO program: 					
	i. Phone Number: (212) 863	- 8320				
i	i. Fax: 212-863-8828					
ii	i. Email: PBV@hpd.nyc.gov					
2. That I have	reviewed all the briefing mater	ials provided.				
GNATURE PRINT	NAME	DATE OF BIRTH	DATE			
Do you have an email address? Would you like to be contacted using email? If so, provide your email below!						
Email address:						
Note: providing your email address is optional . <u>If you do not provide your email address but sign, print your name and write the date on the signature line above, your certification document will be considered complete.</u>						