NYC

**Department of
Housing Preservation
& Development**

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

Statement of NYC 15/15 Briefing Completion: Project Sponsor

I, (employee name:_____), being an employee of
(Project Sponsor[1] name:_____), do hereby affirm and state:

1. That (tenant/applicant name:_____) was briefed on program
    requirements for the NYC 15/15 Program. This briefing took place on (date of
    briefing:_____), and included:
    a. a presentation outlining program responsibilities,

    b. the "Things You Should Know" form,

    c. the NYC 15/15 program briefing document,

    d. appropriate contacts and resources for asking further questions about the NYC
        15/15 program:

        i.   Phone Number: (212) 863 – 8320

        ii.   Fax: 212-863-8828

        iii. Email: PBV@hpd.nyc.gov

2. That the tenant has reviewed all the briefing materials provided.

3. That my contact information has been provided below.

SIGNATURE   PRINT NAME   TITLE   DATE

Project Sponsor Contact Information

Employee Name and Title: _____   Telephone number: _____

Email address: _____

Name of sponsor
organization:_____

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[1] A Project Sponsor may be an owner, property manager, and/or supportive service provider.

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Statement of NYC 15/15 Briefing Completion: Project Applicant

I, (tenant/applicant name:_____), do hereby affirm and state:

1. That I have been briefed on program requirements for the NYC 15/15 Program. This briefing took place on (date of briefing:_____), and included:
   a. a presentation outlining program responsibilities,

   b. the "Things You Should Know" form,

   c. the NYC 15/15 program briefing document,

   d. appropriate contacts and resources for asking further questions about the NYC 15/15 program:

      i. Phone Number: (212) 863 – 8320

      ii. Fax: 212-863-8828

      iii. Email: PBV@hpd.nyc.gov

2. That I have reviewed all the briefing materials provided.

_____

SIGNATURE   PRINT NAME   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**. 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.*

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