

Post-Construction Accessibility Statement of Architect/Engineer for Preservation Projects

HPD PROJECT ID \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

Project Address(es)	Borough	Block	Lot
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*Additional space on page 7*

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

The undersigned affirms, under penalty of perjury, that the following is true and correct:

1. I am \_\_\_\_\_ [License holder's name as it appears on her/his professional license], and I am a \_\_\_\_\_ duly licensed by and in good standing with the New York State Education Department, Office of the Professions. I am the \_\_\_\_\_ of record for the above-captioned Project.
2. I am familiar with the requirements of the laws and regulations applicable to the design and construction of this Project.
3. Check one as applicable:  
☐ I have relied on my own expertise and findings in the preparation of the Drawings and Specifications for the construction of this Project, without hiring an Accessibility Consultant.

OR

- ☐ I have relied on the expertise of an Accessibility Consultant in the preparation of the Drawings and Specifications for the construction of this Project:

Consultant retained: \_\_\_\_\_

Business address: \_\_\_\_\_

Name of Principal Consultant: \_\_\_\_\_

4. It is my professional opinion that, based on periodic inspections of the construction of the Project, including my observation(s) following substantial completion of construction, the building(s) in the Project are in compliance with the requirements of the laws and regulations listed in subparagraphs (a) through (c), below:

- a. \_\_\_\_\_ ;
- b. Section 804(f)(3)(C) of the federal Fair Housing Act ("FHA") (42 U.S.C. § 3604(f)(3)(C)) and implementing regulations at 24 CFR § 100.205 (collectively "FHA").
- ☐ The Project was built for first occupancy after March 13, 1991 and the FHA's accessible construction requirements apply. Compliance is based on the Drawings and Specifications meeting the following architectural standards set forth in 24 CFR § 100.205: \_\_\_\_\_
  - ☐ The Project was built for first occupancy before March 13, 1991 and the FHA's accessible construction requirements do not apply.
- c. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and implementing regulations at 24 CFR part 8. Compliance is based on the Drawings and Specifications meeting the following architectural standards: \_\_\_\_\_

The Project is a \_\_\_\_\_ project as defined in 24 CFR § 8.23 and the following data and information is true and correct:

For "Substantial Rehabilitation" projects, as defined in 24 CFR § 8.23(a):

- The total number of dwelling units at this project is \_\_\_\_\_ ; and
- The total number of income restricted units at this project is \_\_\_\_\_ ; and
- In accordance with 24 CFR § 8.22-8.23(a), \_\_\_\_\_ (5%) of the income-restricted units have been designed and constructed for use by individuals with mobility impairments, and \_\_\_\_\_ (2%) of the income-restricted units have been designed and constructed for use by individuals with hearing or vision impairments.
- The Units that are accessible for individuals with mobility impairments are as follows:

Unit Size	Unit #(s)
Studio	
1-BR	
2-BR	
3-BR	
4+BR	

- The Units that are accessible for individuals with vision and hearing impairments are as follows:

Unit Size	Unit #(s)
Studio	
1-BR	
2-BR	
3-BR	
4+BR	

- In accordance with 24 CFR § 8.26, the accessibly designed units listed above \_\_\_\_\_ distributed throughout the project, in a range of sizes and amenities so as not to limit choice. If not, explain why:

For "Other Alterations" projects, as defined in 24 CFR § 8.23(b):

- The total number of dwelling units at this project is \_\_\_\_\_; and
- The total number of income-restricted units at this project is \_\_\_\_\_.
- Accessible dwelling units at this project:  
Are 5% of the income-restricted units in this project designed and constructed to be made accessible for people with mobility impairments?

☐ YES

The following units are accessible for people with mobility impairments:

Unit Size	Unit #(s)
Studio	
1-BR	
2-BR	
3-BR	
4+BR	

☐ NO

The following is a summary of the alterations made inside the dwelling units at this project (continue on page 8 needed):

- Alterations made in common areas of the buildings in this project [please continue on page 8 if needed]:

For Projects with Occupied Buildings:

- ☐ This project is currently tenant-occupied and, based on the tenants' survey dated \_\_\_\_\_, existing tenants declined to have accessibility features pursuant to Section 504 of the Rehabilitation Act of 1973 added to their units.
- ☐ All units designated as accessible for people with mobility, vision, or hearing impairments in Section 4(c) above will undergo construction to be made accessible after the current tenants vacate.
- ☐ The following units designated as accessible for people with mobility, vision, or hearing impairments in Section 4(c) above will undergo construction to be made accessible after the current tenant vacates:  
\_\_\_\_\_.

5. Aging-in-Place Requirement:

- ☐ The Project is not required to provide modifications to tenants' units as part of the Aging-in-Place initiative.
- ☐ The Project is required to include modifications to tenants' units as part of the Aging-in-Place initiative, and the following data and information is true and correct:
  - The current residents of the Project were surveyed to determine what modifications may be needed in their Unit to make their Unit accessible.
  - Surveys were distributed to tenants on the following date: \_\_\_\_\_
  - As a result of tenant responses to the surveys, the following units received modifications to provide accessible features to the current resident of the unit:

Unit #	Kitchen Package (Y/N)	Bathroom Package (Y/N)
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*Additional space on page 9*

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6. I affirm that my professional opinion stated herein, and all documents submitted in support hereof:
  - a. does not omit any material fact;
  - b. does not contain any untrue statement of a material fact;
  - c. does not contain any fraud, deception, concealment, or suppression;
  - d. does not contain any promise or representation as to the future which is beyond reasonable expectation or unwarranted by existing circumstances;
  - e. does not contain any representation or statement which is false, where I: (i) knew the truth; (ii) with reasonable effort could have known the truth; (iii) made no reasonable effort to ascertain the truth; or (iv) did not have knowledge concerning the representation or statement made.
7. This professional opinion is not intended as a guarantee or warranty of the physical condition of the property.

Signature of architect or engineer of record: \_\_\_\_\_

License holder's name as it appears on her/his professional license: \_\_\_\_\_

[Professional Seal]

So sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_

Notary Public

PRIVILEGED AND CONFIDENTIAL

ACCESSIBILITY CONSULTANT CERTIFICATION:

I, [name] \_\_\_\_\_, am an Accessibility Consultant hired by the Architect/Engineer/Developer to ensure the above-captioned Project complies with all applicable accessibility laws and regulations.

I have reviewed the Drawings and Specifications for the construction of the Project, conducted an inspection of the building(s) in the Project or am aware of the results of an inspection conducted by the Architect/Engineer of Record of the Project, and reviewed all applicable laws and regulations that govern the construction of accessible housing for people with disabilities. Based on this review, I have determined that the Project complies with all applicable accessibility laws, including the NYC Building Code, the FHA, and Section 504 of the Rehabilitation Act of 1973.

Signature: \_\_\_\_\_

So sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_

Notary Public

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Additional Buildings in Project (continued from page 1)

Project Address(es)	Borough	Block	Lot
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The following is a summary of the alterations that were made inside the dwelling units at this project  
(continued from page 3):

Alterations made for common areas of the buildings in this project (continued from page 3):



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Additional AIP Units in Project (continued from page 4)

Unit #	Kitchen Package (Y/N)	Bathroom Package (Y/N)
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