

**AFFIDAVIT OF COMPLIANCE (AF-7)**

**MOLD VIOLATIONS ISSUED ON OR AFTER JANUARY 19<sup>TH</sup>, 2019 – Fewer than 10 units (any class of violation) OR Class A violation for 10 or more units OR Upgraded Class B violation (any number of units)**

Violation Number(s): \_\_\_\_\_ Apt # \_\_\_\_\_

I, \_\_\_\_\_, swear or affirm under penalty of perjury as follows:  
(type or print name)

1. That the apartment listed above is a unit in the following premises, \_\_\_\_\_,  
\_\_\_\_\_, (print entire building address, including borough);

2. That I am (select one):

- The currently registered owner of the property
- The currently registered managing agent of the property
- Otherwise registered as responsible for the property
- The currently registered officer or director of the corporation that owns the property
- The owner or shareholder of record for a condo or cooperative unit that is tenant occupied.

3. That I have read the New York City Department of Housing Preservation and Development's "Guide to Local Law 55 of 2018 Mold Work Practices" and am aware of the safe work practices required to correct mold hazards safely and in accordance with all applicable laws;

4. That the work undertaken to correct the above-referenced violation(s) was performed in accordance with the required practices and (check one):

\_\_\_ That I have examined the area(s) identified in the above-referenced violation number(s), to my knowledge such violation(s) whose number(s) I have listed were corrected, including the source of the mold condition, in accordance with the applicable safe work practices in Administrative Code §27-2017.9, 28 RCNY §54-04(b) and New York State Labor Law Article 32 by myself, an employee, or managing agent;

**OR**

\_\_\_ That if I have examined the area(s) identified in the above-referenced violation number(s), to my knowledge such violation(s) whose number(s) I have listed were corrected, including the source of the mold condition, in accordance with the applicable safe work practices in Administrative Code §27-2017.9, 28 RCNY §54-04(b) and New York State Labor Law Article 32 by firms licensed to perform mold assessment and mold remediation and I have attached the following:

- A copy of the mold assessor's license; AND
- A copy of the mold remediator's license or mold remediation supervisor's license.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\*\*\*\*\*  
State of \_\_\_\_\_, County of \_\_\_\_\_

Notary Stamp

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Print Name)

\_\_\_\_\_  
(Notary Signature)