



**ASSEMBLY STANDING COMMITTEE ON HOUSING**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Oversight of the State Fiscal Year 2015-2016 State Budget for New York State Homes & Community Renewal.

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

**ALBANY**

December 21, 2015 at 10 a.m.  
Hearing Room C  
Legislative Office Building  
Albany, NY 12248

Ensuring that New Yorkers' housing needs are being met is a top priority of the Assembly Committee on Housing. Many New Yorkers struggle to find adequate, safe, and affordable housing. Addressing these needs can be challenging when the availability of and accessibility to different types of housing often varies between neighborhoods and communities. New York State's housing programs offer remedies that focus on individuals and families with varying income levels, disabilities, and other factors. Several of these programs are designed to complement the diversity of New York's communities and geography. To respond best to the ever-changing needs of New Yorkers, the Committee welcomes feedback from stakeholders within the housing community to understand better the needs and experiences of our citizens as impacted by the State Fiscal Year 2015-2016 Budget.

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

**Keith L.T. Wright**  
**Member of Assembly**  
**Chair**  
**Committee on Housing**

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PUBLIC HEARING REPLY FORM

Persons wishing to attend the public hearing on the oversight of the State Fiscal Year 2015-2016 State Budget for New York State Homes & Community Renewal are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Mike Szydlo  
Legislative Analyst  
Room 520, Capitol  
Albany, New York 12248  
Email: szydlom@assembly.state.ny.us  
Phone: (518) 455-4928  
Fax: (518) 455-5182

- I plan to attend the following public hearing to discuss the oversight of the State Fiscal Year 2015-2016 State Budget for New York State Homes & Community Renewal on December 21, 2015 at 10 a.m.
- 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 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:**

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NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_