

Block:

Lot(s):

ARCHITECT'S OR ENGINEER'S LETTERHEAD

ARCHITECT/ENGINEER AFFIDAVIT

Address(es) \_\_\_\_\_

Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Total Number of Buildings \_\_\_\_\_

In connection with the above pending request for the issuance of a Cure Agreement ("Agreement") with the New York City Department of Housing Preservation and Development ("HPD"), I, \_\_\_\_\_, certify, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. I am a \_\_\_\_\_ licensed to practice and in good standing with the State of New York Department of Education.
2. I am the \_\_\_\_\_ for the project described above ("Project").
3. All capitalized terms not defined herein have the respective meanings set forth in the New York City Zoning Resolution ("Zoning Resolution"). All amounts of floor area stated herein are measured in accordance with the definition of "Floor Area" set forth in Zoning Resolution § 12-10 and the definition of "Cure Requirement" set forth in Zoning Resolution § \_\_\_\_\_ and are based on the building drawings ("Plans") submitted to the New York City Department of Buildings and HPD for the Project.
4. Pursuant to NYC Zoning Resolution § \_\_\_\_\_, I certify the Project meets the Cure Requirements. The building(s) are on a Cure compliance lot where \_\_\_\_\_ percent of Residential Floor Area of the zoning lot contains permanently affordable Cure units.

All floor area figures below should be measured as **net** square footage per the definition set forth in Zoning Resolution § 23-91:

- Such measurement includes the square footage within the inside face of the walls enclosing such dwelling unit (i.e., all floor surfaces within the dwelling unit, including closets, and the partitions that separate rooms that are within the same dwelling unit).
- Such measurement excludes (a) the thickness of exterior walls, (b) the thickness of partitions separating such dwelling unit from any other dwelling units or other spaces, and (c) portions of such dwelling unit that do not qualify as Floor Area.

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5. The Project contains \_\_\_\_\_ square feet of total Residential Floor Area.
6. The Project contains \_\_\_\_\_ square feet of Floor Area attributed to dwelling units designated as the Cure Requirement to be occupied by Qualifying Households.
7. The Project \_\_\_\_\_ contain the required \_\_\_\_\_ % of Floor Area to meet the Cure Requirement.
8. If the Project is constructed in accordance with the Plans, the completed building(s) in the Project will be in compliance with the requirements contained in the following laws and regulations:
  - (a) Chapter 11 of the New York City Building Code; and
  - (b) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 part CFR 8. Units designated for mobility impairments (5% of the total units) and sensory impairments (2% of the total units) must include both Affordable Units and non-Affordable Units. Units designated for mobility impairment may not be designated for sensory impairments. In calculating the number of designated units, decimals must be rounded up to the next whole number.

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I make these statements as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in order to induce HPD to enter into the Agreement to permit one or more dwellings to comply with the Cure Requirement pursuant to the New York City Zoning Resolution \_\_\_\_\_, if other please specify \_\_\_\_\_.

I understand that HPD will rely on the veracity of these statements in entering into the Agreement.

I understand that if HPD finds noncompliance with the Zoning Resolution and/or that any of the statements made herein are not accurate, HPD, in its sole discretion, may prevent me from certifying any future projects with HPD. Furthermore, I understand that submission of a false certification may be deemed to be professional misconduct pursuant to Section 6509 of the Education Law.

I also understand that if, on completion, an HPD review and/or Department of Building approval of the Project finds that total Floor Area devoted to Cure Units to be occupied by Qualified Households, is different from the statements made herein, HPD will modify all relevant documents relating to this Project to reflect the correct total require Cure Floor Area.

\_\_\_\_\_  
Architect/Engineer Signature

\_\_\_\_\_  
Architect/Engineer Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Seal of [Registered Architect:]  
[Professional Engineer:]

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

Notary Public  
\_\_\_\_\_

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## EXHIBIT A