



**ASSEMBLY STANDING COMMITTEE ON HOUSING**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Oversight of the State Fiscal Year 2022-2023 State Budget for New York State Division of Housing and Community Renewal.

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

**NEW YORK CITY**

**CANCELLED**

December 19, 2022  
Assembly Hearing Room, 250 Broadway  
19<sup>th</sup> Floor, New York, New York  
10:00 A.M.

**ORAL TESTIMONY WILL BE BY INVITATION ONLY**

The State Fiscal Year 2022-2023 budget includes a new \$25 billion five-year capital spending plan supporting the preservation and development of affordable housing — continuing the significant investments the State and its localities have made for this purpose in recent years. Despite making substantial progress toward meeting our state's housing needs, there is a persistent shortage of affordable housing across New York State. The purpose of this hearing is to examine the effectiveness of existing programs included in the state's multi-year housing program.

Persons invited 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 5 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 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.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

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

**Steven H. Cymbrowitz  
Member of Assembly  
Chair  
Committee on Housing**

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PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on increasing housing supply and returning vacant units to the rental market are requested to complete this reply form as soon as possible and mail, email or fax it to:

Meghan Furcick  
Analyst  
Assembly Committee on Housing  
Room 520 - Capitol  
Albany, New York 12248  
Email: furcickm@nyassembly.gov  
Phone: (518) 455-4928  
Fax: (518) 455-7095

- I plan to attend the following public hearing on Oversight of the State Fiscal Year 2022-2023 State Budget for New York State Division of Housing and Community Renewal.
- I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

\_\_\_\_\_

\_\_\_\_\_

- 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:** \_\_\_\_\_

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

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

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

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

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

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

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