



ASSEMBLY STANDING COMMITTEE ON HOUSING

NOTICE OF PUBLIC HEARING

SUBJECT: Rental Housing & Tenant Protections

PURPOSE: To examine the current status of rental housing across the State and changes needed to safeguard this critical housing stock and the New Yorkers it houses.

Albany

Thursday, May 9, 2019

9:30 a.m.

Hamilton Hearing Room B

Legislative Office Building

Albany, NY 12248

Finding and paying an affordable rent are challenges for most New Yorkers, with the challenge being most difficult to bear for low-income households. When renters voluntarily leave their apartments or are forced to move, the search for new housing is complicated by the extreme scarcity of affordable units and long waiting lists for public housing and other subsidized housing.

Preserving rental affordability and protecting tenants across the State continue to be among the Assembly's top priorities. This is the second hearing to examine the rent regulation laws governing housing in certain municipalities, which are set to expire June 15, 2019; the renewal and reform of those laws; and further steps the Legislature can take to protect tenants of regulated and market-rate units.

Our State is diverse, as are the housing needs of the residents living in its various regions. The Committee's intent in holding these hearings is to solicit public input on how to enhance tenant protections Statewide, and to review the latest data from the appropriate regulatory agencies as the Assembly continues to consider how best to represent and address the housing needs of the people throughout the State.

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.

Twenty 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.

Steven H. Cymbrowitz
Member of Assembly
Chair
Committee on Housing

PUBLIC HEARING REPLY FORM

Persons wishing to attend the public hearing on Rental Housing & Tenant Protections are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Annalyse Komoroske
Analyst
Room 520, Capitol
Albany, New York 12248
Email: komoroskea@nyassembly.gov
Phone: (518) 455-4928
Fax: (518) 455-7095

- I plan to attend the following public hearing to discuss Rental Housing & Tenant Protections on May 9, 2019 at 9:30 a. m.
- I plan to make a public statement at the hearing on Rental Housing & Tenant Protections. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 20 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:**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____