

AFFIDAVIT OF COMPLIANCE (AF-9)

(Mold violations issued to any residential building with three or more units between March 31, 2018 and January 18, 2019)

I, _____ (PRINT NAME), swear or affirm under penalty of perjury as follows:

1. _____ That the building is a multiple dwelling or is a one- or two-family house and neither I nor any family member occupies it, and, I am currently registered with the Division of Code Enforcement for the subject property in the capacity of:

- Owner of the property
- Officer or Director of the Corporation that owns the property
- Managing Agent of the property, or
- Otherwise registered as responsible for the property

Or

_____ That I am the owner of a one or two family house and I or my immediate family member occupies the dwelling.

2. That I have examined the area(s) containing the violation(s) listed on the reverse side of this form and, to my knowledge such violation(s) whose number(s) I have listed below was (were) corrected, including the source of the mold condition, in accordance with applicable law on the date(s) I have indicated by:

- _____ Myself or another registered owner or agent
- _____ An employee of the owner or the managing agent
- _____ Firms licensed to perform mold assessment and mold remediation or abatement in accordance with New York State Labor Law Article 32. If such firms were used, I have attached:
 - the mold assessment contractor license (firm), and
 - the mold remediation license (firm) **or** the mold abatement worker supervisor license

3. That the following are the names and addresses of my agents /employees/independent contractors who performed the work to correct the violation(s) that I have certified as corrected (additional sheets may be attached if more space is needed):

Violation Number	Date Corrected	Name of Agent, Employee or Contractor who Performed the Work	Address of Agent, Employee or Contractor who Performed the Work

Sworn to me this _____ day of _____

Notary Public

Signature

Phone Number