



ASSEMBLY STANDING COMMITTEE ON HOUSING

SUBJECT: Mitchell-Lama program

PURPOSE: To examine challenges experienced by the Mitchell-Lama program.

Wednesday
December 4, 2024
10:00 AM

Assembly Hearing Room, 250 Broadway, 19th Floor
New York, New York 10007

ORAL TESTIMONY WILL BE BY INVITATION ONLY

The Mitchell-Lama program, which created rental and cooperative housing for moderate- and middle-income families, was signed into law in 1955. With approximately 150,000 city-and-state-supervised Mitchell-Lama apartments located across New York State, this program is a bastion of much-needed affordable housing. However, over the years, these aging developments have experienced a host of financial hardships and physical challenges, which has led to the general disrepair of many apartments and complexes.

This hearing would examine the physical and financial challenges facing Mitchell-Lama developments in New York State. The Committee seeks to receive feedback from stakeholders on challenges experienced by the Mitchell-Lama program in order to better understand the long-term financial health of these developments and ongoing efforts for the preservation of these critical units of affordable housing.

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 five 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.

**Linda B. Rosenthal
Member of Assembly
Chair, Committee on Housing**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on challenges experienced by the Mitchell-Lama program are requested to complete this reply form by November 29, 2024, 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 challenges experienced by the Mitchell-Lama program to be conducted by the Assembly Committee on Housing on Wednesday, December 4, 2024.
- I have been invited to make a public statement at the hearing. My statement will be limited to five 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: _____