CERTIFICATION OF COMPLIANCE WITH DESIGN REQUIREMENTS FOR ACCESSIBLE HOUSING

Project Name: _____

Check as applicable:

- ☐ New Construction
- ☐ Substantial Rehabilitation
- ☐ Moderate Rehabilitation
- ☐ Single Family Homes
- ☐ Townhouse
- ☐ Elevator
- ☐ Walkup Apartments
- ☐ Non-Elevator

☐ Family ☐ Elderly ☐ Special Needs ☐ Persons With Disabilities

To the best of my knowledge and belief, I certify that I have designed the referenced project in conformance with the following rules and regulations as they apply to this project and as amended by Federal, State, and local authorities (check all that apply):

- ☐ The Fair Housing Act of 1988
- ☐ KHC 2020_Minimum Design Standards for Multifamily Housing
- ☐ Uniform Federal Accessibility Standards
- ☐ Section 504 of the Rehabilitation Act of 1973
- ☐ Americans with Disabilities Act Accessibility Guidelines
- ☐ Any other state or local code or regulation pertaining to design or inclusion of rental housing accessibility features (include name of locality and citation for applicable requirements):

_____

_____

_____

In reference to the above project, I hereby further certify the following:

The project contains a total of _____rental housing units.
Of this total, _____units have been designed and will be equipped for the mobility impaired.
Of this total, _____units have been designed and will be constructed to include features for individuals with hearing or vision impairment.

Architect:

_____

Printed Name Signature Date

General Contractor:

_____

Printed Name Signature Date

Owner:

_____

Printed Name Signature Date