

Accessibility Criteria Attestation

TO: CANADA MORTGAGE AND HOUSING CORPORATION ("CMHC")

RE: Multi-unit residential project located at/to be built at

<municipal address> (the "Project")

I, the undersigned, in my capacity as

<as applicable: an architect or a designated accessibility consultant>

with expertise and experience in the field of

<as applicable: e.g., accessibility, universal design, etc.>

do hereby certify to CMHC, that the Project meets FLI's minimum accessibility criteria, as evidenced by the table below:

Indicate commitment to meeting one of the Options below by checking the applicable box below:

For New Construction

Option 1: New Construction	Option 2: New Construction
<p>A. The project must contain a minimum of 20% accessible units (CSA B651:23/652:23 or Rick Hansen Foundation GOLD Accessibility Certification)</p> <p>AND</p> <p>B. All common areas must be barrier-free.</p> <p>Number of accessible units:</p>	<p>A. The entire project (common areas and dwelling units) has full universal design, in accordance with CMHC's universal design requirements table.¹</p> <p>Number of accessible units:</p>

Repair and Renewal (as applicable)

Option 3: Repair/Renewal
<p>As applicable:</p> <p>B. The project contains % accessible units.</p> <p>AND</p> <p>C. Common areas are barrier-free.</p> <p> Yes</p> <p> No</p> <p>Number of accessible units:</p> <p><i>Existing properties with the most ambitious commitments to social outcomes including accessibility will be prioritized.</i></p>

(continued)

¹ <https://www.cmhc-schl.gc.ca/professionals/industry-innovation-and-leadership/industry-expertise/accessible-adaptable-housing>

I acknowledge that the accessibility analysis upon which this attestation is based may be reviewed, audited or assessed for accuracy and best practices by CMHC or used for CMHC's impact reporting purposes. I agree to provide timely responses to questions from CMHC regarding the analysis and findings and, if necessary, provide a revised analysis and attestation.

DATED the <day> of <month> 20 <year> .

Signature:

Name:

Designation:

Contact
Information: