

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 will meet or exceed the following accessibility criteria, as evidenced by the table below:

Dependent on the level of achievement of accessibility, place a "✓" in the applicable box in the table

A. The Project must be 100% visitable and all common areas within the Project must be barrier free, each in accordance with the CSA standard B651-23/B652-23.

AND

B. One of the following:

i. Min. 15% of the units are considered accessible in accordance with the CSA standard B651-23/B652-23.

OR

ii. Min. 15% of units are universal design in accordance with CMHC's universal design requirements table.¹

OR

iii. The Project receives Rick Hansen Foundation Accessibility Certification (60%-79% score).

OR

iv. Min. 15% of units are considered accessible in accordance with the CSA standard B651-23/B652-23 and min. 85% of units are universal design in accordance with CMHC's universal design requirements table.¹

OR

v. 100% of units are universal design in accordance with CMHC's universal design requirements table.¹

OR

vi. 100% of units are accessible in accordance with the CSA standard B651-23/B652-23.

OR

vii. The Project receives Rick Hansen Foundation Accessibility Certification "Gold" (score of 80% or better).

Number of accessible units:

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> <month> <year> .

Signature:

Name:

Designation:

Contact
Information: