# **GENERAL CONTRACTOR ACCESSIBILITY CERTIFICATION**

# *(Prior to Construction of the Project)*

The undersigned general contractor for the unit apartment complex to be located in , Alabama, and known as " Apartments" (the "Project"), hereby certifies to Alabama Housing Finance Authority (AHFA) that, to the best of his knowledge and belief:

(1) The general contractor has reviewed the plans and specifications drawn by the Project architect.

(2) The general contractor will take all necessary steps to ensure that the construction of the Project will be completed in accordance with the plans and specifications including the applicable requirements of the Americans with Disabilities Act, 2010 American with Disabilities Act Accessibility Guidelines, Section 504 of the Rehabilitation Act, Fair Housing Act, Uniform Federal Accessibility Standards and local building codes set forth in the plans and specifications;

(3) The general contractor certifies that he will review with the Project architect the following seven (7) specific requirements based on HUD’s Fair Housing Act regulations (“Regulations”) at 24 C.F.R. Part 100 on January 23, 1989, the Guidelines published on March 6, 1991, the Questions and Answers published on June 28, 1994, and the Fair Housing Act Design Manual (issued in 1996 and revised and republished in 1998) as such may be applicable to the Project:

**Requirement 1 -** Accessible building entrance on an accessible route.

**Requirement 2 -** Accessible and usable public and common use areas.

**Requirement 3 -** Usable doors.

**Requirement 4 -** Accessible route into and through the covered dwelling unit.

**Requirement 5 -** Light switches, electrical outlets, thermostats and other environmental controls in accessible locations.

**Requirement 6 -** Reinforced walls for grab bars.

**Requirement 7 -** Usable kitchens and bathrooms.

(4) The general contractor certifies that there will not be any changes during construction without AHFA’s written approval, of the Project architect's plan and specifications.

General Contractor:       Date:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Its: