



ASSEMBLY STANDING COMMITTEE ON HOUSING

NOTICE OF PUBLIC HEARING

SUBJECT: Rent Stabilization Outside of New York City

PURPOSE: To examine the process for municipalities outside of New York City to opt into rent stabilization and the use of vacancy rate to demonstrate a housing emergency.

Tuesday
October 21, 2025
10:00 AM
Hearing Room B
Legislative Office Building
Albany, NY

ORAL TESTIMONY WILL BE BY INVITATION ONLY

The Housing Stability and Tenant Protection Act of 2019 expanded eligibility for coverage under the Emergency Tenant Protection Act (ETPA) to every county in New York State, allowing municipalities to opt in to rent stabilization in the event of a local housing emergency. Municipalities may declare a housing emergency if they determine there is a rental housing vacancy rate of less than 5%. Since 2019, several municipalities around the state have explored the possibility of rent stabilization, with one municipality successfully opting into the program.

This hearing will examine the process for municipalities outside of New York City to opt into rent stabilization and the use of vacancy rate to demonstrate a housing emergency. The Committee is seeking testimony from local governments and stakeholders on the implementation of rent stabilization outside of New York City, the rental vacancy survey process, and feedback on how these protections impact tenants across the state.

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 rent stabilization outside of New York City are requested to complete this reply form by October 17, 2025 and mail, email or fax it to:

Meghan Furcick
Senior 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 rent stabilization outside of New York City to be conducted by the Assembly Committee on Housing on Tuesday, October 21, 2025.
- 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: _____