

## 2012-13 INTERNAL CONTROL CERTIFICATION

Dormitory Authority of the State of New York  
Authority Name

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Paul T. Williams, Jr.  
President

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515 Broadway  
Authority Address

518-257-3000  
Telephone Number

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Karen E. Ehlinger  
Name of Internal Control Officer

518-257-3331  
Telephone Number

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kehlinge@dasny.org  
Email Address of Internal Control Officer

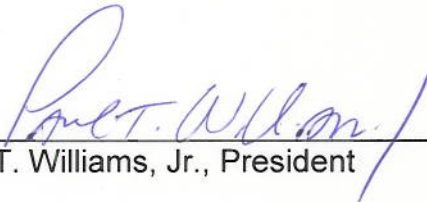
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I hereby certify the authority is:

- Fully Compliant (Full compliance with all provisions)
- Partially Compliant (Partial compliance with some or all provisions)
- Not Compliant (Noncompliance with all provisions)

With the New York State Governmental Accountability, Audit and Internal Control Act.

This certification is supported with detailed justification of actions taken and/or outlines specific actions needed to address areas of partial compliance or noncompliance as described in the preceding Internal Control Summary.

  
Paul T. Williams, Jr., President

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6/03/13  
Date

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