

Housing Company: \_\_\_\_\_

**TENANT / SHAREHOLDER ANNUAL HOUSEHOLD INCOME AFFIDAVIT  
CALENDAR YEAR 2016**  
**IMPORTANT: EVERY ITEM MUST BE COMPLETED. PRINT OR TYPE ALL INFORMATION  
RETURN PRIOR TO APRIL 30**

Complete Affidavit prior to April 30 and return to: \_\_\_\_\_

Last Name (Head of Household)		First Name		Building Number
Address	Apt. No.	Tel. Number	Date	

**HOUSEHOLD INCOME: LIST ALL MEMBERS OF HOUSEHOLD REGARDLESS OF EARNING STATUS. ENTER INCOME AS SHOWN ON LINE 19 (N.Y.STATE TAX FORM IT-201) FOR EACH MEMBER OF HOUSEHOLD AND COMPLETE ALL COLUMNS. IF A 2016 N.Y STATE TAX RETURN WAS NOT FILED, ENTER TOTAL AMOUNT OF INCOME RECEIVED.**

HOUSEHOLD COMPOSITION (List only persons residing in apt.)	RELATIONSHIP	AGE as of 12/31/16	SOCIAL SECURITY NUMBER
(Head of Household)			
2.			
3.			
4.			
5.			
6.			

GROSS INCOME * (see below)	FULL TIME STUDENT UNDER 21	CHECK CORRECT COLUMN		
		JOINT RETURN	INDIVIDUAL RETURN	NO RETURN FILED

HOUSING COMPANY USE ONLY	
MAXIMUM ALLOWABLE INCOME PER APARTMENT	
ANNUAL RENT/CC (utilities included)	\$
6% of Equity (for Co-op only)	\$
No. of Rooms _____ X \$55 (for Co-op only)	\$
AIR CONDITIONERS	\$
<b>TOTAL</b>	<b>\$</b>

7. Grand Total Income of all members of household (excluding full-time students under 21) .....	\$ _____
8. (a) "Dependent Exemption" (as reported on Line 36 of IT-201) .....	\$ _____
(b) Taxpayer Deduction (No. of persons who filed a 2016 NYS tax return and were not claimed as a dependent by another taxpayer X 1000 .....	\$ _____
9. "Medical & Dental Expenses" as reported on <b>Line 1 of the IT-201-D</b> filed with your 2016 NYS Tax Return. <b>IMPORTANT: You can only claim medical and dental expenses if you itemized your deductions.</b> <b>NEW: You must provide a copy of your IT-201 D with your 2016 Income Affidavit to receive this deduction.</b> .....	\$ _____
10. "Taxable Social Security benefits" (as reported on Line 15 of IT-201 or total amount of Social Security benefits if 2016 NYS tax return was not filed) .....	\$ _____
11. Total (add 8a,8b,9&10) .....	\$ _____
12. Adjusted Household Income (Subtract line 11 from 7) .....	\$ _____

**\*IMPORTANT: ALL ADULT HOUSEHOLD MEMBERS MUST SUPPLY INCOME INFORMATION. IF NOT, YOU WILL BE SUBJECT TO BOTH A MAX. SURCHARGE & A MONTHLY FEE OF \$150.00. HOUSING COMPANY PERSONNEL HAVE BEEN INSTRUCTED THAT THE INFORMATION PROVIDED IN THIS DOCUMENT CONCERNING INCOME AND SOCIAL SECURITY NUMBER IS PRIVILEGED AND CONFIDENTIAL.**

APPLICABLE RATIO * (7X or 8X)	
<b>MAXIMUM ALLOWABLE</b>	<b>\$</b>
<b>TOTAL ADJUSTED HOUSEHOLD INCOME (line 12)</b>	<b>\$</b>
<b>Secondary Wage Earner (Minus \$20,000 per earner or exact amount if less)</b>	
<b>NET INCOME</b>	<b>\$</b>

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) SS: THE UNDERSIGNED, BEING DULY SWORN, DEPOSES AND SAYS:

- (1) That (s)he hereby certifies that (s)he has read said affidavit of income and household composition and knows the content thereof; that the said affidavit is true to the personal knowledge of deponents.  
(2) That s(he) understands that

- Willful misrepresentation may be cause for termination of the lease/occupancy agreement and civil or criminal penalties.
- The Social Security numbers sought herein are for use in verifying income information on the form, pursuant to Section 60 of the Private Housing Finance Law. Pursuant to the Privacy Act of 1974, disclosure of Social Security number is voluntary. However, failure to supply social security numbers will result in automatic audit of income.
- Income information shown on this affidavit is subject to verification by the New York State Department of Taxation and Finance in accordance with the provisions of Section 171-b of the Tax Law and, further, to verification by the Department of Housing Preservation and Development. (S)he may be required to submit such documentation to The Department of Housing Preservation and Development or to the Housing Company as deemed necessary to assist in the verification process, including, but not limited to, certified copies of New York State Income Tax Returns.
- All adult household members must supply income information.

Signature (head of household) \_\_\_\_\_  
Signature (other occupant) \_\_\_\_\_  
Signature (other occupant) \_\_\_\_\_  
Signature (other occupant) \_\_\_\_\_

State of New York, County of \_\_\_\_\_  
Sworn to me before this \_\_\_\_\_ Day of \_\_\_\_\_ 2017  
Notary Public \_\_\_\_\_

AMOUNT OVER INCOME	\$
PERCENTAGE OVER INCOME	%
MONTHLY SURCHARGE TO BE BILLED (excl. Utilities)	\$
TOTAL MONTHLY BILLING (Inc. Rent/C.C., Utilities, etc.)	\$
*Depending on No. of Occupants in Household	
REVIEWED BY:	
DATE REVIEWED:	

