



**Department of  
Housing Preservation  
& Development**

nyc.gov/hpd

Office of Asset & Property  
Management  
Division of Housing  
Supervision  
100 Gold Street  
New York, N.Y. 10038

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Deputy Commissioner  
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**PROCEDURES FOR TENANT/ COOPERATOR TO COMPLETE**

**"OCCUPANTS AFFIDAVIT OF INCOME"**

*COMPLETE THREE (3) COPIES OF THE ATTACHED AFFIDAVIT OF INCOME AND RETURN TWO (2) COPIES TO THE MANAGING AGENT BY **APRIL 30, 2017**. RETAIN THE THIRD COPY FOR YOUR RECORDS. PLEASE NOTE THAT YOU STILL MUST SUBMIT YOUR AFFIDAVIT BY APRIL 30, EVEN IF YOU HAVE FILED FOR AN EXTENSION OF TIME TO SUBMIT YOUR INCOME TAX RETURN. IN THAT CASE, PLEASE ESTIMATE YOUR INCOME AND NOTE "ESTIMATED" ON YOUR INCOME AFFIDAVIT. FILE AN AMENDED AFFIDAVIT IF NEEDED ONCE YOU HAVE FILED YOUR TAX RETURN OR YOU WILL BE SUBJECT TO THE MAXIMUM SURCHARGE. **NOTE: HPD WILL COMPARE THE INFORMATION SUPPLIED ON THE INCOME AFFIDAVITS AND THE NEW YORK STATE TAX RETURNS. MANAGEMENT WILL AUDIT ALL COOPERATORS/TENANTS WHOSE INCOME AFFIDAVITS INDICATE A DISCREPANCY. FAILURE OF ANY HOUSEHOLD TO COMPLY WITH THE MANAGEMENT'S DIRECTIVE TO SUPPLY OFFICIAL VERIFICATION OF TAX RETURN INFORMATION FROM THE NYS DEPARTMENT OF TAXATION AND FINANCE WILL RESULT IN A 50% SURCHARGE IMPOSED ON THE APARTMENT. IF INCOME IS NOT PROPERLY DECLARED AND AN ADDITIONAL SURCHARGE IS DISCOVERED AS A RESULT OF THE AUDIT, A PENALTY FEE MAY BE IMPOSED FOR SUPPLYING INCORRECT INCOME INFORMATION.***

**(Please Print Clearly or Type all Information)**

- STEP ONE: Complete upper left-hand section: Fill in names, address, phone number, building number, apartment number, and date.
- STEP TWO: Complete appropriate information for all apartment occupants under Household Composition. Enter Name, and Social Security Number of every person residing in your apartment. (Enter last name first, then first name) and the type of return filed (i.e. Joint or Individual) or check the box "No Return Filed."
- STEP THREE: In column headed "Gross Income", enter the annual income as shown on line 19 (N.Y State Tax Form IT 201) for each member of the household. If a joint return is filed, list each total income separately so that secondary wage earner's deduction can be calculated. If no tax return was filed for 2016, list total amount of income received.
- STEP FOUR: If any income was received by a full-time student twenty-one (21) years of age and over, enter the annual income under "Gross Income."
- STEP FIVE: On line 7, enter the total amount of gross income of all members of household.
- STEP SIX: On line 8a, enter dollar amount of "Dependent Exemptions" as shown on Line 36 (IT 201) on their N.Y. State Tax Returns for 2016.
- STEP SEVEN: On line 8b, enter \$1,000 per taxpayer deduction for all persons who filed a 2016 N.Y S. Tax Return and were not claimed as a dependent by another taxpayer.
- STEP EIGHT: On line 9, enter amount of "Medical and Dental Expenses" as reported on Line 1 of your *New York State Tax Form IT-201-D "Resident Itemized Deduction Schedule"* You can only claim medical and dental expenses if you itemized your deductions. **IMPORTANT: YOU MUST SUBMIT A COPY OF YOUR IT-201-D WITH YOUR INCOME AFFIDAVIT OR YOU WILL NOT RECEIVE THE DEDUCTION.**
- STEP NINE: On line 10, enter amount of "Taxable Social Security Benefits" taken from line 15 on Form IT-201 of N.Y. State Tax Return for 2016 or total amount of Social Security benefits if a 2016 N.Y State Tax Return was not filed.
- STEP TEN: On line 11, add lines 8a , 8b, 9 and 10.
- STEP ELEVEN: On line 12, subtract line 11 from line 7 to obtain Adjusted Household Income.
- STEP TWELVE: In the presence of a Notary Public, have each adult occupant sign the affidavit.
- STEP THIRTEEN: Return the original and one (1) copy of the completed affidavit to your managing agent and keep one copy for your record.

**IMPORTANT REMINDER: Residents are not allowed to accept a maximum surcharge without the disclosure of their household income. All adult household members must supply income information. Income affidavits will be considered incomplete if the information is not provided and will be subject to a monthly fee of \$150.00 as well as a maximum surcharge.**

**FILE YOUR AFFIDAVIT ON TIME**

- **The Mitchell-Lama Rules, Section 3, state that failure to submit the affidavit on time or comply with an income verification audit will result in maximum surcharge of 50%. Also a non-refundable administrative fee of \$50, payable to the Housing Company, will be charged to each family who submits an affidavit after April 30 but before June 30. An additional non-refundable fee of \$150 per month will be charged if a fully completed affidavit is not submitted by June 30.**
- **If, at any time after the maximum surcharges are billed, a tenant/cooperator submits an Income Affidavit, management shall remove the maximum surcharge billing effective the first day of the month following the submission of such Income Affidavit. Management shall determine the amount of the revised surcharge amount, if any, of the tenant/cooperator based on his or her submission.**

