

Housing Company: _____

**TENANT / SHAREHOLDER ANNUAL HOUSEHOLD INCOME AFFIDAVIT
CALENDAR YEAR 2013**
**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 2012 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 12/31/13	SOCIAL SECURITY NUMBER	GROSS INCOME * (see below)	FULL TIME STUDENT UNDER 21	CHECK CORRECT COLUMN		
						JOINT RETURN	INDIVIDUAL RETURN	NO RETURN FILED
(Head of Household)								
2.								
3.								
4.								
5.								
6.								
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 2013 NYS tax return and were not claimed as a dependent by another taxpayer X 1000				\$				
9. "Medical & Dental Expenses" as reported on <u>Line 1 of the IT-201-D</u> filed with your 2013 NYS Tax Return. IMPORTANT: You can only claim medical and dental expenses if you itemized your deductions.				\$				
10. "Taxable Social Security benefits" (as reported on Line 15 of IT-201 or total amount of Social Security benefits if 2013 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.**

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

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 _____ 2014
Notary Public _____

CITY OF NEW YORK		SECTION 94 (1) (D) OF THE NEW YORK PUBLIC OFFICERS LAW REQUIRES THIS NOTICE TO BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS.	
PRIVACY NOTICE			
AGENCY NAME		BUREAU/UNIT	
NYC DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT		Housing Supervision	
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION			
Director			
BUSINESS ADDRESS OF OFFICIAL			
100 GOLD STREET, ROOM 729 NEW YORK, N.Y. 10038			
AUTHORITY WHICH PERMITS THE MAINTENANCE OF THE INFORMATION			
Private Housing Finance Law and Rules and Regulations Governing City-Aided Limited Profit Housing Companies.			
THE CONSEQUENCE, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION			
Maximum Rent/Carrying Charge Surcharge and Eviction			
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY AND HOUSING COMPANY FOR WHICH THE INFORMATION IS TO BE USED			
<i>Verification of Income and Household Composition</i>			
KNOWN OR FORSEEABLE TRANSFERS OF THE INFORMATION:			
For Income Verification Purposes:		For Senior Citizens Rent Increase Exemption Program:	
<i>New York State Department of Taxation and Finance</i>		<i>NYC HPD SCRIE Unit</i>	
Occupancy Information Only For The Purpose of Enforcing Mitchell-Lama Rules and Regulations:			
<i>Managing Agents and Other Government Agencies</i>			
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW PERSONAL INFORMATION MAINTAINED BY THE AGENCY, UNLESS EXEMPTED BY LAW.			