

Housing Company: _____

**TENANT / SHAREHOLDER ANNUAL HOUSEHOLD INCOME AFFIDAVIT
CALENDAR YEAR 2023**
**IMPORTANT: EVERY ITEM MUST BE COMPLETED. PRINT OR TYPE ALL INFORMATION
RETURN NO LATER THAN APRIL 30, 2024**

Complete Affidavit and return no later than April 30, 2024 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 ON N.Y. STATE TAX FORM IT-201 FOR EACH MEMBER OF HOUSEHOLD AND COMPLETE ALL COLUMNS. IF A 2023 N.Y STATE TAX RETURN WAS NOT FILED, ENTER TOTAL AMOUNT OF INCOME RECEIVED.

HOUSEHOLD COMPOSITION (List all persons residing in apt.)	RELATIONSHIP	AGE as of 12/31/23	SOCIAL SECURITY NUMBER	GROSS INCOME * (see below)	FULL TIME STUDENT UNDER 21	CHECK CORRECT COLUMN		
						JOINT RETURN	INDIVIDUAL RETURN	NO RETURN FILED
1. (Head of Household)								
2.								
3.								
4.								
5.								
6.								
7. Grand Total Income of all members of household (excluding full-time students under 21) \$ _____				\$ _____	<p>*IMPORTANT: ALL ADULT HOUSEHOLD MEMBERS <u>MUST</u> SUPPLY INCOME INFORMATION. IF NOT, YOU WILL BE SUBJECT TO BOTH A MAXIMUM SURCHARGE AND A MONTHLY FEE OF \$150. HOUSING COMPANY PERSONNEL HAVE BEEN INSTRUCTED THAT THE INFORMATION PROVIDED IN THIS DOCUMENT CONCERNING INCOME AND SOCIAL SECURITY NUMBER IS PRIVILEGED AND CONFIDENTIAL.</p>			
8. (a) "Dependent Exemption" (as reported on Line 36 of IT-201) \$ _____				\$ _____				
(b) Taxpayer Deduction (No. of persons who filed a 2023 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-196</u> filed with your 2023 NYS Tax Return. IMPORTANT: You can only claim medical and dental expenses if you itemized your deductions and filed an IT-196. You must include a copy of your IT-196 with your 2023 Income Affidavit to receive this deduction. \$ _____				\$ _____				
10. "Taxable Social Security benefits" as reported on Line 15 of IT-201 or if 2023 NYS tax return was not filed the total amount of Social Security benefits received. \$ _____				\$ _____				
11. Total (add 8a,8b,9&10) \$ _____				\$ _____				
12. Adjusted Household Income (Subtract line 11 from 7) \$ _____				\$ _____				

HOUSING COMPANY USE ONLY	
MAXIMUM ALLOWABLE INCOME PER APARTMENT	
ANNUAL RENT/CARRYING CHARGE (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 Depending on number of Occupants in household)	
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.)	\$ _____
REVIEWED BY:	
DATE REVIEWED:	

THE UNDERSIGNED HEREBY CERTIFIES AND ACKNOWLEDGES AS FOLLOWS:

- 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 the undersigned.
- 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; and
 - All adult household members must supply income information.

Signature (head of household) _____	Date _____
Signature (other resident) _____	Date _____
Signature (other resident) _____	Date _____
Signature (other resident) _____	Date _____

CITY OF NEW YORK PRIVACY NOTICE		SECTION 94 (1) (D) OF THE NEW YORK PUBLIC OFFICERS LAW REQUIRES THIS NOTICE TO BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS.				
AGENCY NAME: NYC DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT	BUREAU/UNIT: 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 Verification of Income and Household Composition						
KNOWN OR FORSEEABLE TRANSFERS OF THE INFORMATION: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> For Income Verification Purposes: New York State Department of Taxation and Finance </td> <td style="width: 50%; border: none;"> For Senior Citizens Rent Increase Exemption Program: NYC HPD SCRIE Unit </td> </tr> <tr> <td colspan="2" style="border: none; text-align: center;"> Occupancy Information Only For The Purpose of Enforcing Mitchell-Lama Rules and Regulations: Managing Agents and Other Government Agencies </td> </tr> </table>			For Income Verification Purposes: New York State Department of Taxation and Finance	For Senior Citizens Rent Increase Exemption Program: NYC HPD SCRIE Unit	Occupancy Information Only For The Purpose of Enforcing Mitchell-Lama Rules and Regulations: Managing Agents and Other Government Agencies	
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EACH INDIVIDUAL HAS THE RIGHT TO REVIEW PERSONAL INFORMATION MAINTAINED BY THE AGENCY, UNLESS EXEMPTED BY LAW.						