Division of Housing and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

ANDREW M. CUOMO Governor

February 28, 2017

Office of Housing Management Memorandum #2017 - B - 1

To: All Limited Profit and Limited Dividend Housing Companies Owners,

Managing Agents and Site Managers

From: Robert Damico, Director

Office of Housing Management

Subject: Occupants' Annual Affidavit of Household Income for Calendar Year 2016

Income Review Procedure

Reference: NYS Private Housing Finance Law; Official Compilation of Codes,

Rules and Regulations of the State of New York, 9NYCRR §1727-2

The Private Housing Finance Law requires that limited profit and limited dividend housing companies review tenant/cooperator income once a year and assess a rental surcharge if adjusted household income exceeds the maximum income limit by more than 5 percent. The procedure to be used is outlined in Subpart 1727-2 of the 9NYCRR and further detailed in the attached Housing Company Instructions.

NOTE the Following Changes

- The Tenant/Cooperator Instructions for Completion of Affidavit of Household Income is to be distributed on NYS DHCR letterhead.
- Please identify the building(s) by the building code sheet(s) enclosed.
- Prior to reproducing copies, email a copy of your Income Affidavit Package to denise.snyder@nyshcr.org or submit via regular mail to NYS HCR, attention: Denise A. C. Snyder — 25 Beaver Street, New York, NY 10004.

Please Note the Following Which Must Be Implemented with This Review

- The housing company may impose a \$50 Non-Refundable Administrative Fee on ALL Tenant/Cooperators who have NOT submitted their fully completed Income Affidavit to management by April 30th.
- Use the pre-populated Income Affidavit forms (HM-73, HM-73a and HM-73b).
- DO NOT ALTER (add or delete) any FIELDS on the Income Affidavit form [HM-73]
- Each Annual Income Affidavit and Instructions packet must also include a copy of the enclosed, one-page "Language Assistance Notice." BEFORE COPYING THE NOTICE, YOU MUST INSERT YOUR OFFICE'S TELEPHONE NUMBER IN THE SPACES PROVIDED WITHIN THE BRACKETED PART OF EACH LANGUAGE SECTION IN THE ENCLOSED "LANGUAGE ASSISTANCE NOTICE."
- The following hyper-link
 http://www.nyshcr.org/AboutUs/Offices/HousingOperations/ohmhmb01.htm
 will enable you to obtain electronic copies of the Annual Income Affidavit and Instructions Packet, translated into all six non-English languages you see on the insert. DO NOT CHANGE THE FORMAT OF THE TRANSLATED FORMS.

- Use the hyperlinks to copy and provide the appropriate translated Annual Income Affidavit and Instructions Packet to all eligible residents who request one. NOTE THAT, IT IS THE HOUSING COMPANY'S RESPONSIBILITY TO DIRECTLY PROVIDE TRANSLATED VERSIONS OF THE ANNUAL INCOME AFFIDAVIT AND INSTRUCTIONS PACKET TO REQUESTING TENANTS AND TO ENSURE THAT BOTH SIDES OF THE INCOME AFFIDAVIT (i.e. SIDE 1 AND SIDE 2) ARE RETURNED BY THE TENANT. If you have any questions regarding this requirement, please contact Mohammed Siddiqui at (212) 480-7340.
- Under Section D: HOUSING COMPANY USE ONLY (FOR CO-OP ONLY)
 6% of Equity Investment <u>DOES NOT</u> Include Accrued Amortization.

We are enclosing the following materials for your use in conducting the income review:

- Language Assistance Notice
- Housing Company Instructions
- Occupants' Annual Affidavit of Household Income for Calendar Year 2016 [HM-73]
- Housing Company Summary Sheet [HM-73a] (All housing companies, including federally assisted developments with no market rent tenants, are required to complete this form and submit it to the Division by Thursday, September 14, 2017.)
- Surcharge Information Tabulation Sheet [HM-73b]
- Tenant/Cooperator Instructions
- Worksheet for Determination of Surcharge Rental

or

Worksheet for Determination of Surcharge — Cooperative (Select the appropriate worksheet for your development and include it as page 5 of the Tenant/Cooperator Instructions.)

NYS DHCR Frequently Asked Questions Re: Income Affidavits

The following Tenants/Cooperators are NOT subject to this income review:

- households with initial lease/occupancy agreements commencing on or after April 1, 2017
- families receiving any form of subsidy requiring federal income recertification (i.e., Section 236, Rent Supplement, RAD, RAP, or Section 8 programs) or Tax Credits; however, <u>families paying</u> <u>market rent</u> in Section 236, Section 8 and Tax Credit developments <u>are</u> subject to this annual income review;
- families receiving assistance under the NYS Capital Grant Program; and
- Resident Employees.

All information contained in the income affidavit is confidential. Appropriate storage and access measures must be taken to safeguard privacy. Housing company personnel should be advised that this information may be disclosed **only** to authorized persons or agencies.

Please make *ONE* submission of the following documents to this office by Thursday, September 14, 2017:

- one completed Housing Company Summary Sheet [HM-73a];
- one completed set of Surcharge Information Tabulation Sheets [HM-73b]. and
- the original copy of each completed Occupants' Annual Affidavit of Household Income [HM-73] **prepared on white legal sized paper** and arranged by building, floor and apartment number

Should you have questions on the income review procedure, or need the appropriate building codes, please call Denise A. C. Snyder at (212) 480-7241 — email at denise.snyder@nyshcr.org.



HOUSING COMPANY INSTRUCTIONS

Timetable for Income Review Procedure

March Reproduce income affidavit and tenant/cooperator instructions and

distribute by April 1, 2017.

Prior to reproducing copies, email a copy of your Income Affidavit Package to denise.snyder@nyshcr.org or submit via regular mail to NYS HCR, attention: Denise A. C. Snyder — 25 Beaver Street,

New York, NY 10004.

April Tenants/Cooperators MUST complete and return income affidavits

to housing company by April 30, 2017.

May Review income affidavits, complete Section D, and prepare

Surcharge Information Tabulation Sheets.

Send follow-up letters to tenants who have not returned a

completed income affidavit or required documentation.

Notify tenants of surcharges resulting from this income review by

May 31, 2017.

June Assess surcharges effective July 1, 2017.

July — Complete Surcharge Tabulation Sheets, prepare Housing August Company Summary Sheet, and submit with income affidavits to the

Division by Thursday, September 14, 2017.

Steps to Be Taken by Managing Agent/Housing Company Prior to Distribution of Income Affidavits

- 1. **Language Assistance Notice** Before copying the notice, you MUST insert your office's telephone number in the spaces provided within the bracketed part of each language section in the enclosed "**LANGUAGE ASSISTANCE NOTICE.**"
- 2. Reproduce <u>Occupants' Annual Affidavit of Household Income</u> [HM-73] Use the supplied pre-populated form enclosed.

Print <u>both sides</u> of form HM-73 on legal sized paper, allowing for three copies per household. The reverse side of the form <u>must</u> contain the NYS DHCR Privacy Notice statement required by Section 94(1) (d) of the New York Public Officers Law. The copy submitted to the Division must be on legal sized white paper.

3. Reproduce <u>Tenant/Cooperator Instructions for Completion of Affidavit of Household Income</u> and the <u>Worksheet for Determination of Surcharge</u> (page 5) for your development, either **Rental** or **Cooperative** allowing for one copy per household plus 10% reserve stock.

Mail or Distribute to Tenants/Cooperators Subject to this Review (in this order):

- One (1) Copy of Language Assistance Notice
- One (1) Copy of Tenant/Cooperator Instructions
- Three (3) Copies of Income Affidavit [HM-73],
- One (1) Copy of Worksheet for Determination of Surcharge
- One (1) Copy of Frequently Asked Questions Re: Income Affidavits

Steps to Be Taken by Managing Agent/Housing Company After Distribution of Income Affidavits to Tenants

INITIAL PREPARATION OF SURCHARGE INFORMATION TABULATION SHEETS

- 1. Use the pre-populated Surcharge Information Tabulation Sheet [HM-73b] supplied.
- 2. Reproduce sufficient copies of the tabulation sheet to permit entry of the following information:
 - a. **For non-federally assisted developments** List <u>each</u> apartment sequentially (by floor, then apartment number) and enter leaseholder's name (Last Name, First Name) or "Vacant", if applicable. Use the "Remarks" column to identify residential tenants who are **not** subject to the income review, and indicate why (for example: Resident Employee, Capital Grant, SCRIE, Section 8, Tax Credits etc.).
 - b. **For federally assisted developments** List **ONLY** those apartments whose occupants pay **Market Rent**.

Income Affidavit Review and Entry by Management On Surcharge Information Tabulation Sheets

- 1. Review each income affidavit, and accompanying documentation, if required, to make sure it is legible, complete and notarized.
- 2. All occupants18 years of age or older must sign deposition in Section C.
- 3. Make certain that New York State Tax Return **Information** is provided for all occupants. If a joint return was filed, make sure that the "Joint Return" column is checked for both filers and that the wages of a Secondary Wage Earner are listed separately so the appropriate deduction can be taken.
- 4. Complete all calculations in **Section D.**

Maximum Income Limit — See page 4 of these instructions. Use the applicable ratio, based on the number of persons in the household:

7 X — for families of three persons or less

8 X — for families of **four** persons or more

Secondary Wage Earner Deduction — A deduction of \$20,000, or the exact amount of earnings if less, is allowed for **each** secondary wage earner including minors under the age of 21.

A <u>secondary wage earner</u> is any gainfully employed member of the household other than the head of household. The head of household is defined as the person who is legally or morally responsible for dependents in the household, whose income is generally from employment or self-employment and usually exceeds income of any other member of the household. It is not necessary for the head of household to be gainfully employed for another household member to qualify as a secondary wage earner.

If the **Net Income** exceeds the **Maximum Allowable Income** by more than 5%, a surcharge should be added to the rent — see surcharge schedule on page 5.

- 5. Transfer all necessary information from the income affidavit to the **Surcharge Information Tabulation Sheet** [HM-73b]. Complete all columns.
- 6. Provide written notification to tenants as follows:
 - Tenants whose adjusted household income exceeds 105% of the maximum allowable income must be notified by May 31st of the surcharge to be added to their rent effective July 1, 2017.
 - Tenants who fail to provide the required information must be notified by May 31st of the 50% maximum surcharge to be added to their rent effective July 1, 2017.

Documentation Requirements

Income reported by occupants who provide social security numbers will be referred to the New York State Department of Taxation and Finance for verification, and that agency's findings will be forwarded to the housing company. This direct verification process eliminates documentation requirements for most occupants who file New York State income tax returns; however, documentation is required in the following instances:

- 1. If <u>Medical and Dental Expenses</u> (line B4) or <u>Taxable Social Security Benefits</u> (line B5) are claimed, they must be substantiated by a filed NYS tax form.
- 2. If the total number of <u>Dependent Exemptions</u> and <u>Personal Exemptions</u> (entered on line B3) is greater than the number of household members, the dependent exemptions must be substantiated by a filed NYS tax form.
- 3. If an occupant 18 years of age or older *does* <u>not</u> provide a social security number **or** did not file a NYS return, income verification is required as follows:
 - If an income tax return was filed, a copy of either the NYS or federal return must accompany the affidavit and a NYS Tax and Finance issued transcript must be submitted to the management office by July 31, 2017.
 - If an income tax extension request was filed, a copy of either the NYS
 or federal extension request must accompany the affidavit. A certified
 copy of the NYS or federal return must be submitted to the
 management office by November 30, 2017.
 - If no income tax return or extension request was filed, written verification of income must accompany the affidavit. Refer to 9NYCRR Section 1727-2.3(a) for appropriate verification methods.

Note: Income affidavits and supporting documents MUST be retained in each individual Tenant/Cooperator file for audit purposes.

<u>DO NOT</u> submit the additional documents to NYS DHCR.

Submission of Income Affidavits to DHCR

Make <u>ONE</u> submission of the following materials to this office by **Thursday**, **September 14**, **2017 in the following order**:

- one completed Housing Company Summary Sheet [HM-73a];
- one set of the completed Surcharge Information Tabulation Sheets [HM-73b];
- **one original copy** of each Occupant's Annual Affidavit of Household Income [HM-73] **prepared on white paper** and arranged by building, floor and apartment number.

Please DO NOT INCLUDE the following in your submission:

- Supporting Documents Attach all supporting documents to the Income Affidavit copy retained by housing company in the Tenant/Cooperator file.
- Duplicate Affidavits If corrected or Interim Affidavit has been received by the housing company prior to September 14th, only submit the most recent affidavit for the household and retain all other versions for the tenant/cooperator file
- Income Affidavits for Previous Years Income reported on late Tenant/Cooperator Income Affidavit submissions are to be confirmed by the housing company.

Forward to:

NYS Division of Housing and Community Renewal Office of Housing Management Attn: Administration Unit — Room 633 25 Beaver Street New York, New York 10004

Rent or Carrying Charge Increase

In the event of a Commissioner's Order affecting rents/carrying charges, at least 30 days prior to the increase, an interim recalculation of surcharges must be done for tenants with surcharges. The housing company shall submit to DHCR, within 30 days of the rent/carrying charge increase, an updated Surcharge Information Tabulation Sheet listing the adjusted surcharges.

Interim Changes in Rent

Income should be reexamined, and interim changes in rent to reduce or remove surcharges should be made, if required, only in the following circumstances:

- tenant or household member is placed upon public assistance;
- a full-time employed household member permanently leaves the apartment;
- death or retirement of a household member who had income; or
- unemployment of a household member which has been continuous for at least three months.

[§1727-2.5(b)]

Calculation of Maximum Income Limits

RENTALS

Multiply the annual rent, including utilities, by 7 for households of one to three persons, or by 8 for households of four or more persons.

COOPERATIVES

Add the following amounts:

- 1. Annual carrying charge, including utilities
- 2. 6% of equity investment (NOT TO INCLUDE ACCRUED AMORTIZATION)
- 3. \$120 multiplied by the number of rental rooms (Cost of Redecoration and Replacement of fixtures and appliances)

Multiply the total including utilities, by 7 for households of one to three persons, or by 8 for households of four or more persons.

SAMPLE SURCHARGE CALCULATION for a Cooperative with a Carrying Charge of \$285, Equity of \$5,000, and 5 Rental Rooms

Assume that the apartment is occupied by a Household of three; that the total gross income is \$40,000 (\$36,000 for the head of household and \$4,000 for the spouse from wages); and that the married couple filed a joint return claiming one exemption for the child and the standard deduction.

MAXIMUM INCOME LIMIT CAL	CULATION	NET INCOME CALCULATION			
Carrying Charge of \$285 X 12 Equity of \$5,000 X 6% 5 Rental Rooms X \$120 Subtotal	\$3,420 300 <u>600</u> 4,320	Total Gross Income Less Deductions (Line B6) Total Adjusted Income	\$40,000 <u>3,000</u> \$37,000		
Multiply by 7 (1-3 persons)	<u>X 7</u>	Less Secondary Wage Earner Deduction	<u>4,000</u>		
MAXIMUM INCOME LIMIT \$30,240		NET INCOME	\$33,000		

NET INCOME / MAXIMUM INCOME LIMIT = % OF MAXIMUM INCOME LIMIT

In this example, the tenant's net income of \$33,000, divided by the maximum income limit of \$30,240, equals 109%. Referring to the surcharge schedule below, the tenant must pay a monthly surcharge of 5% of the monthly carrying charge.

SURCHARGE SCHEDULE							
Inco (In % of Maximu	Surcharge (In % of Rent/						
greater than	up to and including	Carrying Charge)					
100%	105%	None					
105%	110%	5%					
110%	115%	10%					
115%	120%	15%					
120%	125%	20%					
125%	130%	25%					
130%	135%	30%					
135%	140%	35%					
140%	145%	40%					
145%	150%	45%					
150%	150% —						

LANGUAGE ASSISTANCE NOTICE **ENGLISH** You may request a translated version of this form by calling [____]. 中国 - 简体中文 (CHINESE - SIMPLIFIED) 您可以要求通过调用这种形式的翻译版本[中國 - 傳統 (CHINESE - TRADITIONAL) 您可以要求通過調用這種形式的翻譯版本[An kreyòl ayisyen (HAITIAN CREOLE) Ou kapab mande pou yon vèsyon tradui fòm sa a lè w rele Italiano (ITALIAN) È possibile richiedere una versione tradotta di questo form chiamando [____] 한국의 (KOREAN) 당신은 호출하여이 양식의 번역 된 버전을 요청할 수 있습니다[____] Русский (RUSSIAN) Вы можете запросить переведенную версию этой формы по телефону [_____] **Español (SPANISH)** Usted puede solicitar una versión traducida de este formulario llamando [____]

Development Name: DHCR Num			OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2016						Complete Affidavit and return by April	30, 2016 to:		
Last Name – Head of Household:		Address:	<u> </u>			Bldg.#:	Apt.#:	Daytime (Telephone:			
SECTION A: HOUSEHOLD INFORMATION – List all member line 19, and complete all columns. NOTE: IF YOU FILED A J	OINT RET	URN AND HAVE I	MORE THAN	ONE WAGE EARNER, LIST EACH	H PERSON'S INC	OME SEPARA	TELY SO TH	AT THE SEC	ONDARY WAGE	EARNER'S	SECTION D: HOUSING COMPANY	USE ONLY
DEDUCTION CAN BE CALCULATED. If a 2016 NY State ta "TENANT/COOPERATOR INSTRUCTIONS" OR CALL YOUR			total amount of	of income received. Print or type all	I information, exce	ept signatures. I	FOR ADDITIO	ONAL ASSIST	ANCE, PLEASE	REFER TO	MONTHLY RENT/CC \$	
								Type of	NVS Tay Pot	urn Eilad	ANNUAL RENT/CC	\$
Current Household Members (Last Name, First Name)	Re	lationship	Age (as of 12/31/2016)	Social Security Number	Employed Yes or No	Gross I	ncome		Type of NYS Tax Return Filed (Complete for each Resident)		(FOR CO-OP ONLY) EQUITY of \$x 6% (NOT TO INCLUDE ACCRUED AMORTIZATION)	\$
(Last Name, 1 list Name)								Joint	Individual	None	(FOR CO-OP ONLY) NUMBER OF RENTAL ROOMS x \$120	\$
A1.	Head	of Household				\$					TOTAL	\$
A2.											ENTER APPLICABLE RATIO (7X or 8X)	
A3.											MAXIMUM INCOME LIMIT	\$
A4.											ADJUSTED HOUSEHOLD INCOME (Line A7 minus Line B6)	\$
A5.											SECONDARY WAGE EARNER(S) DEDUCTION (for each, \$20,000 or total wages if less)	\$
A6.											NET INCOME	\$
Section B: DEDUCTIONS B1. DEPENDENT EXEMPTIONS (As reported on IT-20 36 or IT-203 line 35)	01 line	\$,000	A7. TOTA	L: Add all lines in GROSS INC	OME column	\$					AMOUNT OVER INCOME	\$
B2. Allowances for PERSONAL EXEMPTIONS (Numb persons who filed a 2016 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)		\$,000	State of N		All Occu Undersigned, b	•	_		ST Sign Depos :	ition.	PERCENTAGE OVER INCOME	%
B3. SUBTOTAL (Add lines B1 and B2)		\$,000	County of	(s)he hereby certifies that (s)he h	nae road said etat	ement of incon	ne and Hous	ehold compos	sition and knows	the	PERCENTAGE OF SURCHARGE (per surcharge schedule)	%
B4. MEDICAL AND DENTAL EXPENSES (Only if item deduction is taken – as reported on IT-201D or IT203D, Resident Itemized Deduction Schedule line 1)			cont 2. That	ents thereof: that the said statements thereof: that the said statements that: ful misrepresentation may be cau	ent is true to the p	ersonal knowle	edge of depo	onent.			MONTHLY SURCHARGE to be billed	\$
B5. TAXABLE SOCIAL SECURITY BENEFITS (As report IT-201 or IT-203 line 15 or total Social Security Benefits (As return was not filed.)			• Soo Ho • inc	cial Security numbers are sought fusing Finance Law; pursuant to the one information shown on this a	for use in verifying ne Privacy Act of affidavit is subject	income inform 1974, disclosur to verification	ation on this e of Social S by the NYS	form pursuan Security numb	t to Section 60 of ers is voluntary;	f the Private	Reviewed By:	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)			• ten	cordance with the provisions of Se ants are required to advise the household composition shown in sec	ousing company i	,		r days of any	additions or dele	tions to the	Date Reviewed:	
Note: You must attach copies of all 2016 NYS tax remembers of your household if:	eturns file	ed by		of Head of Household			State of New \	York, County o	f		Notary Seal/Stamp:	
a Social Security number is not provided in member,	for each	household	-	other occupant)								
the number entered on Line B3 is greater persons listed in Section A, or		number of		other occupant)			Notary Public					
an amount is entered on Line B4 and/or B	5.		Signature	other occupant)					Notary Seal/Stam	p nere →		
HM-73 (2/2017)		HOUSING (II Company i	PERSONNEL HAVE BEEN INS	STRUCTED THA	AT THE INFO	RMATION H	HEREIN IS P	RIVILEGED AN	ND CONFID	LENTIAL	Over →

STATE OF NEW YORK	SECTION OF 94(1)(d) OF THE NEW YORK PUBLIC OFFICERS LAW REQUIRES THIS NOTICE TO BE
PRIVACY NOTICE	PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS
AGENCY NAME	BUREAU/UNIT
NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL	Office of Housing Management
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE IN	FORMATION
Director	
BUSINESS ADDRESS OF OFFICIAL	TELEPHONE NUMBER
25 Beaver Street, New York, NY 10004	(212) 480 - 7241

AUTHORITY WHICH PERMITS THE MAINTENANCE OF INFORMATION

Private Housing Finance Law and Section 1727 of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION

Maximum Rental Surcharge and/or Denial of Succession Applications

THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED

Determining Right to Continued Occupancy, Verification of Income for Purposes of Continued Occupancy and Establishing Rent, and Determination of Eligibility for Succession (Current household members must be listed on affidavit to be eligible for succession rights.)

KNOWN OR FORESEEABLE TRANSFERS OF THE INFORMATION

New York State Department of Taxation and Finance, New York City Department of Housing Preservation and Development and Mitchell-Lama Housing Companies where transfer of such information is necessary to DHCR's statutory duties

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW PERSONAL INFORMATION MAINTAINED BY THE AGENCY, UNLESS EXEMPTED BY LAW.



New York State
Division of Housing and Community Renewal
Office of Housing Operations
Website: www.nyshcr.org

HOUSING COMPANY SUMMARY SHEET

INCOME AFFIDAVIT SUBMISSIONS — CALENDAR YEAR 2016

Number of Affidavits:

INSTRUCTIONS: This form provides information on income affidavit submissions for all of the buildings and every apartment in the development. Complete it using information from the Surcharge Information Tabulation Sheets. Only one summary sheet should be submitted for each housing company.

[Do Not write in shaded areas.]

1	Affidavits Filed — Not subject to Surcharge				
2	Affidavits Filed — Subject to Surcharge				
3	TOTAL INCOME AFFIDAVITS FILED (add lines 1 and 2)				
4	FAILED TO FILE and INCOMPLETE AFFIDAVITS				
5a	Tenants Subject to Federal Income Recertification				
5b	NYC (only) DRIE and SCRIE Recipients				
5c	Tax Credit Apartments				
5d	Capital Grant Tenants				
5e	Professional Apartments				
5f	Resident Employee Apartments				
5g	New Move-Ins on or After April 1, 2017				
5h	Vacant Apartments on or After April 1, 2017				
6	TOTAL EXEMPT FROM FILING (add lines 5a through 5h)				
7	TOTAL APTS. IN DEVELOPMENT (add lines 3, 4 and 6)				
8	TOTAL ANNUAL SURCHARGES (from Surcharge Information Tabulation Sheet)	\$			
Con	npleted by:D	Date:			
Title:Telephone: ()					

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New York State Division of Housing and Community Renewal Office of Housing Operations Website: www.nyshcr.org

Surcharge Information Tabulation Sheet

Dago	of
Page	Ol

DHCR Number:	Name of Development:	Calendar Year of Income 20
Building Number:	Address:	

List by Floor and Apartment

Apartment Tenant/Cooperator (Last Name, First Name)	Number Rooms	Number Occupants	Age, Head of Hshld.	Monthly Rent/CC	Maximum Allowable Income	Net Income	Percent of Surcharge	Monthly Surcharge (Dollars)	Annual Surcharge (Dollars)	Remarks
							Totals:			



ANDREW M. CUOMO

Governor

Division of Housing and Community Renewal

RUTHANNE VISNAUSKAS Commissioner/CEO

March 2017

Tenant/Cooperator Instructions for Completion of Affidavit of Household Income — Calendar Year 2016

Under the New York State Private Housing Finance Law, this development has been given a subsidy that makes it possible for tenants/cooperators, whose incomes are within the maximum income limits set by law, to pay below market rents/carrying charges. The law requires that we examine your income once each year to determine eligibility for continued occupancy. If your adjusted household income exceeds the maximum income limit by more than 5 percent, a surcharge will be added to your rent.

The assessment of a surcharge, if any, will be effective **July 1, 2017** through **June 30, 2018** in accordance with the Surcharge Schedule on page 4 of these instructions. If you wish to calculate your surcharge, a Worksheet for Determination of Surcharge is provided on page 5.

Please cooperate in the review process by providing information no later than **April 30, 2017**. The failure, neglect or refusal of a tenant/cooperator to furnish information concerning his income or that of any member of the household, or to cooperate in the verifying of such reported income, will be assumed to indicate excess income. In such cases, rent will be raised to maximum in surcharge schedule; however, upon submission of an affidavit of income and/or proper documentation, surcharges, if any, will be assessed on the basis of verified income, with the effective date of any rent change to be the first of the month following the month in which the affidavit of income and/or proper documentation had been filed with the housing company. In no event will credit be given for excess surcharges already assessed as a result of failure, neglect or refusal of the tenant/cooperator to cooperate in income determination as set forth in §1727-2.6(a) of the New York Codes, Rules and Regulations.

A *\$50 Non-Refundable Administrative Fee* may be **imposed on Tenant/Cooperators** who have **NOT** submitted their Fully Completed Income Affidavit to management by April 30^{th.}

If you have questions, or need assistance in completing the attached form, please call the management office at your development.

Income Information shown on the Occupants' Annual Affidavit of Household Income is subject to verification by the New York State Department of Taxation and Finance in accordance with provisions of Section 171-b of the Tax Law.

Upon proper verification of income, if it is determined that the tenant or cooperator, or any household member, willfully misrepresented any information, then the housing company shall calculate surcharges in accordance with the surcharge schedule and assess such surcharge, as rent, each month, retroactive to the initial month in which the surcharge should have been paid. A housing company shall charge such tenant or cooperator a fee of \$150 in payment for the expenditure of housing company time and labor incurred to determine the true income of the tenant or cooperator.

[§1727-2.6(b)]

In no case shall the housing company waive the provisions of subdivisions (a) through (c) of this section.

[§1727-2.6(d)]

READ ALL INSTRUCTIONS CAREFULLY

Please type or print clearly using <u>blue or black ink only</u>. Complete three (3) copies of the attached income affidavit and return two (2) notarized copies to the managing agent/housing company by April 30, 2017. Retain the third notarized copy for your records.

- 1. **HEADING:** Fill in the **Last Name** of head of household, address, building number, apartment number, and day-time telephone number.
- 2. **SECTION A:** HOUSEHOLD INFORMATION

Important Note for Married Occupants Who Filed a Joint NYS Income Tax Return:

- The "Joint Return" column must be checked for both joint filers.
- The sum of the gross income reported for each joint filer must equal the amount reported on line 19 of form IT-201, or line 19 of form IT-203.
- If a joint filer is not listed on line A1 as "Head of Household" and is gainfully employed, his/her wages should be listed separately so the secondary wage earner's deduction can be calculated.

A1 through A6 —

Enter the name (last name, first name), relationship, age, and social security number of each person presently residing in the apartment, and indicate whether he/she is employed. For each person listed, check the type of New York State income tax return filed ("Joint" or "Individual") or "None."

In the column labeled "Gross Income" enter the amount shown on **line 19 on NYS tax form IT-201**, **or line 19 on form IT-203**. If an extension of time to submit a NYS return was requested, check "No Return Filed" and enter occupant's estimated income. If no NYS return was filed, enter total income received during the previous calendar year from all sources. **If occupant had no income enter "0".**

A7 — Enter the total gross income of all household members.

- 3. **SECTION B:** DEDUCTIONS
 - Enter the number of "Dependent Exemptions" <u>taken by all occupants who</u> <u>filed NYS income tax returns</u>. Dependent Exemptions are reported on line 36 of form IT-201, and line 35 of form IT-203.
 - B2 Enter the number of occupants who have filed a NYS return and were not claimed as a dependent by another taxpayer.

- **B3** Enter the total of lines B1 and B2.
- Enter amount of "Medical and Dental Expenses" only if the itemized deduction is taken on the NYS Return as reported on form IT-201 or IT-203, page 2, NYS Itemized Deduction Worksheet, line a.
- B5 Enter amount of "Taxable Social Security Benefits" reported on line 15 of form IT-201 or IT-203; if a NYS return was not filed, enter total amount of Social Security benefits.
- B6 Add lines B3, B4, and B5.
- 4. **SECTION C:** DEPOSITION Each occupant 18 years of age or older must sign the affidavit in the presence of a Notary Public.
- 5. **By April 30, 2017,** return the original and one (1) copy of the completed income affidavit to the address stated in the upper right hand corner of the affidavit. **Retain a notarized copy of the affidavit for your file. DO NOT** mail the affidavit to New York State Division of Housing and Community Renewal.

Supporting Documentation

Supporting documentation must be submitted with your income affidavit in the following instances:

- 1. If <u>Medical and Dental Expenses</u> (line B4) or <u>Taxable Social Security Benefits</u> (line B5) are claimed, they must be substantiated by a copy of a filed NYS tax form.
- 2. If the total number of <u>Dependent Exemptions</u> and <u>Personal Exemptions</u> (entered on line B3) is greater than the number of household members, the dependent exemptions must be substantiated by a copy of a filed NYS tax form.
- 3. If an occupant 18 years of age or older *does* <u>not</u> provide a social security number **or** did <u>not</u> file a NYS tax return, income verification is required as follows:
 - If an income tax return was filed, a copy of either the NYS or federal return must accompany the affidavit, and a certified copy must be submitted to the management office by July 31, 2017.
 - If an income tax extension request was filed, a copy of either the NYS or federal extension request must accompany the affidavit and a certified copy of the income tax return must be submitted to the management office by November 30, 2017.
 - If no income tax return or extension request was filed, written verification of income must accompany the affidavit.

If you have a question concerning documentation requirements, please contact your management office.

Interim Changes to Reduce or Remove Surcharges

You are entitled to an income reexamination to reduce or remove surcharges, if required, should any of the following circumstances occur:

- tenant or household member is placed upon public assistance;
- a full-time employed household member permanently leaves the apartment;
- · death or retirement of a household member who had income; or
- unemployment of a household member which has been continuous for at least three months.

[§1727-2.5(b)]

The housing company must also be notified in writing, within 90 calendar days, of any additions to or deletions from the tenant's household who reside in the apartment, or persons who for a period of 30 days or more occupy the apartment, and such changes should be reflected on subsequent affidavits of income.

[§1727-3.5]

SURCHARGE SCHEDULE							
If Net Income / N	Surcharge (In Percent of Rent or Carrying						
greater than	but not in excess of	Charge for Apartment) will be:					
100%	105%	None					
105%	110%	5%					
110%	115%	10%					
115%	120%	15%					
120%	125%	20%					
125%	130%	25%					
130%	135%	30%					
135%	140%	35%					
140%	145%	40%					
145%	145% 150%						
150%	_	50%					

[§1727-4.1(d)]

WORKSHEET FOR DETERMINATION OF SURCHARGE — RENTAL — A. **ANNUAL RENT** \$ The base rent including gas and electricity, less surcharges and any charges for appliances, parking etc., multiplied by 12. В. **MAXIMUM INCOME LIMIT** If household consists of less than 4 persons, multiply line A by 7. If household consists of 4 or more persons, multiply line A by 8. C. HOUSEHOLD INCOME \$ Amount from line A7 of income affidavit. D. **DEPENDENT EXEMPTIONS** \$,000 Amount from line B1 of income affidavit. E. **ALLOWANCE FOR PERSONAL EXEMPTIONS** ,000 Amount from line B2 of income affidavit. **MEDICAL AND DENTAL EXPENSES** \$ F. Amount from line B4 of income affidavit. G. **TAXABLE SOCIAL SECURITY BENEFITS** \$ Amount from line B5 of income affidavit. Н. **SECONDARY WAGE EARNER DEDUCTION *** A \$20,000 deduction, or the exact amount of earnings if less, is allowed for each secondary wage earner. Enter the total household deduction here. I. **TOTAL DEDUCTIONS** \$ Add lines D, E, F, G, and H.

If line J does not exceed line B, you are <u>not</u> subject to surcharge. If it does, divide line J by line B and refer to the Surcharge Schedule on page 4 to find the corresponding surcharge percent.

* Secondary Wage Earner — Any gainfully employed member of the household, including minors under the age of 21, other than the head of household. The head of household is defined as the person who is legally or morally responsible for dependents in the household, whose income is generally from employment or self-employment and usually exceeds income of any other household member. It is not necessary for the head of household to be gainfully employed for another household member to qualify as a secondary wage earner.

\$

NET HOUSEHOLD INCOME

Line C minus line I.

J.

	WORKSHEET FOR DETERMINATION OF SURCHARGE							
	— COOPERATIVE —							
A.	ANNUAL CARRYING CHARGE The base carrying charge including gas and electricity, less surcharges and any charges for appliances, parking etc. multiplied by 12.	\$						
B.	CURRENT EQUITY INVESTMENT \$ X 6% 6% of Equity Investment DOES NOT Include Accrued Amortization	\$						
C.	REDECORATION AND REPLACEMENT Number of rental rooms in your apartment X \$120.	\$						
D.	TOTAL of lines A, B, and C.		\$					
E.	MAXIMUM INCOME LIMIT If household consists of less than 4 persons, multiply line D by 7. If household consists of 4 or more persons, multiply line D by 8.		\$					
F.	HOUSEHOLD INCOME Amount from line A7 of income affidavit.		\$					
G.	DEPENDENT EXEMPTIONS Amount from line B1 of income affidavit.	\$,000						
Н.	ALLOWANCE FOR PERSONAL EXEMPTIONS Amount from line B2 of income affidavit.	\$,000						
I.	MEDICAL AND DENTAL EXPENSES Amount from line B4 of income affidavit.	\$						
J.	TAXABLE SOCIAL SECURITY BENEFITS Amount from line B5 of income affidavit.	\$						
K.	SECONDARY WAGE EARNER DEDUCTION * A \$20,000 deduction, or the exact amount of earnings if less, is allowed for each secondary wage earner. Enter the total household deduction here.	\$						
L.	TOTAL DEDUCTIONS Add lines G, H, I, J, and K.		\$					
M.	NET HOUSEHOLD INCOME Line F minus line L.		\$					

If line M does not exceed line E, you are <u>not</u> subject to surcharge. If it does, divide line M by line E and refer to the Surcharge Schedule on page 4 to find the corresponding surcharge percent.

* Secondary Wage Earner — Any gainfully employed member of the household, including minors under the age of 21, other than the head of household. The head of household is defined as the person who is legally or morally responsible for dependents in the household, whose income is generally from employment or self-employment and usually exceeds income of any other household member. It is not necessary for the head of household to be gainfully employed for another household member to qualify as a secondary wage earner.

NYS DHCR Frequently Asked Questions Re: Income Affidavits

What are my responsibilities with respect to reporting my income?

All tenants/shareholders in DHCR supervised Mitchell-Lama developments are required to report their income, and the income of all household members, annually and to comply with housing company requests for documentation. Tenants in federally-assisted developments are subject to HUD's annual income re-certification requirements. Tenants in non-federally-assisted developments are subject to DHCR's annual income review procedure.

• I had medical and dental expenses last year, but I did not itemize my deductions. Can I still claim the medical and dental expenses on line B4 of my income affidavit?

No. In order to claim Medical and Dental expenses on line B4 of your income affidavit, you must have itemized your deductions as reported on your **NYS IT201D** itemized deduction schedule items 1.

• I had income but I was not required to file a Tax Return. Do I need to report my income on my affidavit?

Yes. If you or a household member were not required to file a NYS Tax return, the income must still be reported in the household composition portion of the income affidavit. You must also check the box indicating "None" under Type of NYS Tax Return Filed.

 Management indicated that a \$50 Non-Refundable Administrative Fee will be imposed on ALL Tenant/Cooperators who have NOT submitted their Fully Completed Income Affidavit to management by April 30th. Is this correct?

Yes. When a tenant who is subject to DHCR's annual income review procedure fails to submit a completed income affidavit, or necessary documentation, by April 30th, Management may charge an administrative fee of \$50. For affidavits received after June 30th a 50% non-refundable surcharge will be added to the rent.

• After filing my income affidavit late, management agreed to remove the 50% surcharge going forward but could not remove the surcharge already billed. Is this correct?

Yes. When a tenant who is subject to DHCR's annual income review procedure fails to submit a completed income affidavit, or necessary documentation, management is required to give the tenant one month's notice that a 50% surcharge will be added to the rent. Once the affidavit or documentation is submitted, management is required to recalculate the surcharge on the basis of the submission and the effective date of any resulting rent change should be the first of the following month. Management is not required to waive a surcharge that has already been assessed due to the failure of a tenant to submit the income affidavit on time.

• Since the last Income Affidavit submission, the tenant/shareholder of record has permanently vacated. Can I complete and submit the Income Affidavit?

Yes; however, you must inform the managing agent that the resident of record has vacated. You must also request Succession Rights when you submit the Income Affidavit. The managing agent will provide you with an application for **Succession Rights** with instruction on how to complete the application and required documents.