

Development Name:	DHCR Number:	OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2021	Complete Affidavit and return by April 30, 2022 to:
Last Name – Head of Household:	Address:	Bldg.#: Apt.#: Daytime Telephone: ()	

SECTION A: HOUSEHOLD INFORMATION – List all members of household currently residing in apartment regardless of earning status. For each household member, enter income as shown on NY State Tax form IT-201 or IT-203 line 19 or Line 19A if applicable, and complete all columns. **NOTE: IF YOU FILED A JOINT RETURN AND HAVE MORE THAN ONE WAGE EARNER, LIST EACH PERSON'S INCOME SEPARATELY SO THAT THE SECONDARY WAGE EARNER'S DEDUCTION CAN BE CALCULATED.** If a 2021 NY State tax return was not filed, enter total amount of income received. Print or type all information, except signatures. **FOR ADDITIONAL ASSISTANCE, PLEASE REFER TO "TENANT/COOPERATOR INSTRUCTIONS" OR CALL YOUR MANAGEMENT OFFICE.**

SECTION D: HOUSING COMPANY USE ONLY

Current Household Members (Last Name, First Name) Print or Type – No Cursive Handwriting	Relationship	Age (as of 12/31/2021)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
A1.	Head of Household				\$			
A2.								
A3.								
A4.								
A5.								
A6.								

MONTHLY RENT/CC \$ _____	
ANNUAL RENT/CC	\$
(FOR CO-OP ONLY) EQUITY of \$ _____ x 6% (NOT TO INCLUDE ACCRUED AMORTIZATION)	\$
(FOR CO-OP ONLY) NUMBER OF RENTAL ROOMS _____ x \$120	\$
TOTAL	\$
ENTER APPLICABLE RATIO (7X or 8X)	_____
MAXIMUM INCOME LIMIT	\$
ADJUSTED HOUSEHOLD INCOME (Line A7 minus Line B6)	\$
SECONDARY WAGE EARNER(S) DEDUCTION (for each, \$20,000 or total wages if less)	\$
NET INCOME	\$

Section B: DEDUCTIONS

B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35) \$ _____,000

B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2021NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000) \$ _____,000

B3. SUBTOTAL (Add lines B1 and B2) \$ _____,000

B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)

B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2021 NYS tax return was not filed.)

B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)

Note: You must attach copies of all 2021 NYS tax returns filed by members of your household if:

- a Social Security number is not provided for each household member,
- the number entered on Line B3 is greater than the number of persons listed in Section A, or
- an amount is entered on Line B4 and/or B5.

A7. TOTAL: Add all lines in **GROSS INCOME** column \$ _____

SECTION C: DEPOSITION **All Occupants 18 Years of Age or older MUST Sign Deposition.**

State of New York) SS: The Undersigned, being duly sworn, deposes and says:
County of)

- That (s)he hereby certifies that (s)he has read said statement of income and Household composition and knows the contents thereof: that the said statement is true to the personal knowledge of deponent.
- That (s)he understands that:
 - willful misrepresentation may be cause for termination of the occupancy agreement and/or civil or criminal penalties;
 - Social Security numbers are sought for use in verifying income information on this form pursuant to Section 60 of the Private Housing Finance Law; pursuant to the Privacy Act of 1974, disclosure of Social Security numbers is voluntary;
 - income information shown on this affidavit is subject to verification by the NYS Department of Taxation and Finance in accordance with the provisions of Section 171-b of the Tax Law; and
 - tenants are required to advise the housing company in writing within 90 calendar days of any additions or deletions to the household composition shown in section A above.

Signature of Head of Household _____ State of New York, County of _____

Signature (other occupant) _____ Sworn to before me this ____ day of _____ 20__

Signature (other occupant) _____ Notary Public _____

Signature (other occupant) _____ Notary Seal/Stamp here →

AMOUNT OVER INCOME \$ _____

PERCENTAGE OVER INCOME %

PERCENTAGE OF SURCHARGE (per surcharge schedule) %

MONTHLY SURCHARGE to be billed \$ _____

Reviewed By:

Date Reviewed:

Notary Seal/Stamp:

STATE OF NEW YORK		SECTION OF 94(1)(d) OF THE NEW YORK PUBLIC OFFICERS LAW	
PRIVACY NOTICE		REQUIRES THIS NOTICE TO BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS	
AGENCY NAME		BUREAU/UNIT	
NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL		Office of Integrated Housing Management	
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION			
Director			
BUSINESS ADDRESS OF OFFICIAL		Email: MLIncomeAffidavits@hcr.ny.gov	
641 Lexington , New York, NY 10022			
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.hcr.ny.gov/ml