



Hurricane Ida Income Verification Form

Revised 1/21/2025

Instructions: Each household member 18 years and older who resides in a unit receiving assistance from the Office of Resilient Homes and Communities' (RHC) Hurricane Ida Assistance Programs must complete this form, regardless of whether they are an owner of the Property. The Applicant must upload this form and your supporting documents to the Intelligents Application System on the *Applicant-Supplied Supporting Documents* page.

Purpose: This document is used to verify your Adjusted Gross Annual Income (AGI) with the NY State Department of Taxation and Finance (DTF) to determine if your household qualifies as low/moderate income ("LMI"). Funding awarded to LMI households must be reported to HUD but will not affect your eligibility for the Program and is not shared with other entities.

Privacy: RHC respects your privacy. We do not intend to provide any information regarding your household income to any outside parties which are not critical to the income verification process, including credit bureaus, federal or state tax agencies or private lenders.

Section 1: Identification

Property Owner/Program Applicant Name: _____

Application ID: *IDA-IHRR*-_____ - _____

Property Address: _____

Name of Household Member Submitting this Form: _____

Social Security No.(optional): _____

Joint Taxpayer Name (if applicable): _____

Joint Taxpayer SSN (optional): _____

Name used on tax return (if different): _____

Address used on tax return (if different): _____



Section 2: Tax Return Status

Please choose the option that best describes your situation.

Option 1: Check this box if you filed a **NEW YORK STATE tax return** for the most recent year, **AND** there has been **no significant change** in your income or financial circumstances.

- If you do not have a copy of your tax return, you may use Form DTF-505 to request your tax return from the New York State Department of Taxation and Finance: https://www.tax.ny.gov/pdf/current_forms/misc/df505_fill_in.pdf.

Option 2: Check this box if you did NOT a **NEW YORK STATE tax return** for the most recent year, but you did file a **FEDERAL tax return** (1040 or 1040A), **AND** there has been **no significant change** in your income or financial circumstances.

- If you do not have a copy of your tax return, you may request a transcript by submitting IRS Form 4506-T to the Internal Revenue Service: <https://www.irs.gov/forms-pubs/about-form-4506-t>.

Option 3: Check this box if **you did NOT file** a New York State or Federal tax return for the most recent year, **OR** if you did file a tax return, but **there has been a significant change** in your income or financial circumstances.

Section 3: Income Reporting

Check off all sources of income that you have.

Income Type	Required Documentation
<input type="checkbox"/> Wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal service	W-2, 1099 or proof of earned income for the most recent two months (proof of direct deposit or paystubs
<input type="checkbox"/> Interest and/or dividend income	1099 INT or 1099 DIV for previous year or current brokerage or bank interest/dividend statement
<input type="checkbox"/> Alimony payments received	Copies of checks, proof of direct deposit or court order
<input type="checkbox"/> Unemployment	Benefits letter or recent checks for eight (8) weeks
<input type="checkbox"/> Business/Self -employed income or loss	Most recent tax forms filed with the IRS
<input type="checkbox"/> Capital gains and/or other gains or losses	Most recent tax return with Schedule D
<input type="checkbox"/> Severance pay	Copy of check or statement of payment



Homes and Community Renewal

Office of Resilient Homes and Communities

Income Type	Required Documentation
<input type="checkbox"/> Wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal service	W-2, 1099 or proof of earned income for the most recent two months (proof of direct deposit or paystubs)
<input type="checkbox"/> Interest and/or dividend income	1099 INT or 1099 DIV for previous year or current brokerage or bank interest/dividend statement
<input type="checkbox"/> Alimony payments received	Copies of checks, proof of direct deposit or court order
<input type="checkbox"/> Armed Forces payments incl. regular, special, and bonus pay, and incentive pay of a member of the Armed Forces (not incl. allowances or pay for active service in a combat zone)	Paystubs or proof of direct deposit for the past two months
<input type="checkbox"/> Partnership, S-Corporations, Trusts, Royalties, Rental income, Farm Income or Farm Loss	Annual statements, profit/loss statements
<input type="checkbox"/> Retirement/Pension Income/IRA distributions	Annual benefits statement, proof of payment for most recent two months, or, if direct deposit, bank statements for most recent two months with direct deposit underlined
<input type="checkbox"/> Annuity income	
<input type="checkbox"/> Insurance payments	
<input type="checkbox"/> Welfare assistance	
<input type="checkbox"/> Disability / Worker’s Compensation payments/ Unemployment	
<input type="checkbox"/> Social Security	
<input type="checkbox"/> Supplemental Security Income	
<input type="checkbox"/> Other income	Please attach a separate sheet
<input type="checkbox"/> No income	Certification of Zero income

To verify your income, **provide copies of the document(s)** listed next to each source of income that you checked. Failure to provide this information may delay the processing of the application.

Notes:

- Be sure to submit a copy (not the original) of supporting documents.
- **If you checked Option 1 or 2 in Section 2 above**, you only need to submit a Federal or New York State tax return; no other documentation is needed at this time.



Section 4: Certification

By executing this Certification, I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.

By executing this Certification, I acknowledge and understand that Section 189 of the New York State Finance Law: (1) makes it a violation of state law to knowingly present or cause to be presented to any employee, officer or agent of the State of New York (including any division or public benefit corporation) (a) a false or fraudulent claim for payment or approval; or (b) to use or cause to be made or use a false record or statement to get a false or fraudulent claim paid or approved by the State of New York. Persons who violate this Section may be liable for a civil penalty of not less than \$6,000 and not more than \$12,000, plus three times the amount of all damages, including consequential damages, sustained because of their action as well as costs incurred to recover any such penalties or damages.

By signing below, I certify that I have no objection to inquiries made in verifying the above information that I have submitted regarding myself or any person listed. If applicable, in lieu of executing Form DTF-505 or Form 4506-T, I authorize the Program to obtain photocopies of Tax Returns and/or Tax Information from the NYS Department of Taxation and Finance and I authorize the release of such information to the Program. I further certify that the above information is true, correct and complete, to the best of my knowledge and I declare that I am either the taxpayer whose name is shown on the return, or a person authorized to obtain the tax return requested. I understand that if the request applies to a joint return, only one spouse is required to sign the authorization to release the information. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee or party other than the taxpayer, I certify that I have the authority to execute Form DTF-505 and/or Form 4506-T on behalf of the taxpayer.

Household Member Signature

Date