



INSTRUCTIONS FOR COMPLETING INCOME AFFIDAVIT FORM - 2021

**PLEASE ENSURE THAT YOU FILL OUT THE FORMS COMPLETELY,
ACCURATELY AND LEGIBLY. USE BLUE OR BLACK INK ONLY**



PERSONAL INFORMATION

PRINT THE FOLLOWING INFORMATION AT THE TOP OF THE FORM

Last Name – Head of Household: Example: **FLOWERS**

Address – Your street address and apartment number. Example:

2049 Bartow Ave., Bldg. #00A, Apt. 12B

Daytime telephone contact number: Example 718-320-3300

Development Name:	DHCR Number:	OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2021		
Co-op City (Riverbay)	HO81			
Last Name – Head of Household:	Address:	Bldg.#:	Apt. #:	Daytime Telephone:
FLOWERS	2049 BARTOW AVE	00A	12B	718)320 3300



SECTION A – HOUSEHOLD INFORMATION

List all members of household and relationship currently residing in the apartment regardless of earning status.

Enter for each resident: Age, Social Security #, Employed and Type of Tax Return and Gross Income from Line 19a/19 of your NYS Tax Return

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.**

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. Flowers, Jane	Head of Household	35	111-11-1111	YES	\$ 90,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Flowers, Jack	Husband	30	222-22-2222	YES	75,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Flowers, Sally	Daughter	18	333-33-3333	No	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B: DEDUCTIONS								
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)						\$.000	
A7. TOTAL: Add all lines in GROSS INCOME column					\$ 165,000.00			



SECTION A - HOUSEHOLD INFORMATION RESIDENT INCOME TAX

You need a copy of your 2021 tax return so that you can report your gross income:

Step 1 – Refer to NY State 2021 Tax Form IT-201: Go to line 19 or 19a and copy FEDERAL ADJUSTED gross income from line 19/19a to Income Affidavit form as Gross Income



Department of Taxation and Finance

Resident Income Tax Return

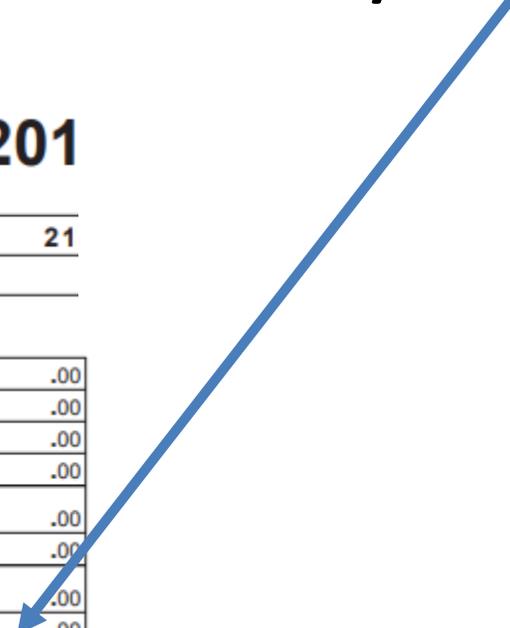
New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... and ending ...

For help completing your return, see the instructions, Form IT-201-I.

12	Rental real estate included in line 11	<input type="text" value="12"/>	<input type="text" value=".00"/>
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	<input type="text" value="13"/>	<input type="text" value=".00"/>
14	Unemployment compensation	<input type="text" value="14"/>	<input type="text" value=".00"/>
15	Taxable amount of Social Security benefits (also enter on line 27)	<input type="text" value="15"/>	<input type="text" value=".00"/>
16	Other income (see page 14) Identify:	<input type="text" value="16"/>	<input type="text" value=".00"/>
17	Add lines 1 through 11 and 13 through 16	<input type="text" value="17"/>	<input type="text" value=".00"/>
18	Total federal adjustments to income (see page 14) Identify:	<input type="text" value="18"/>	<input type="text" value=".00"/>
19	Federal adjusted gross income (subtract line 18 from line 17)	<input type="text" value="19"/>	<input type="text" value=".00"/>
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	<input type="text" value="19a"/>	<input type="text" value=".00"/>





SECTION A – HOUSEHOLD INCOME – NON RESIDENT INCOME TAX RETURN

You need a copy of 2021 tax return so that you can report your gross income.

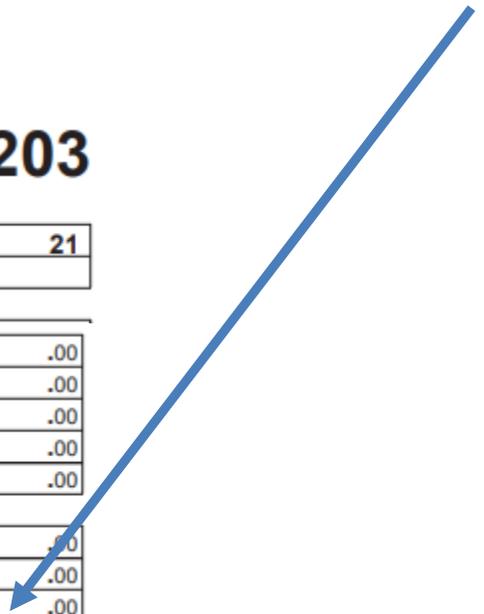
Step 1 – Refer to NY State 2021 Tax Form IT-203. **Go to line 19 or 19a and copy FEDERAL ADJUSTED gross income from line 19/19a to Income Affidavit form as Gross Income**



Department of Taxation and Finance
**Nonresident and Part-Year Resident
Income Tax Return** **IT-203**
New York State • New York City • Yonkers • MCTMT
For the year January 1, 2021, through December 31, 2021, or fiscal year beginning
and ending

For help completing your return, see the instructions, Form IT-203-I.

13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation.....	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 22) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	.00	17	.00
18	Total federal adjustments to income (see page 22) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	.00	19	.00
19a	Recomputed federal adjusted gross income (see page 23, Line 19a worksheets)	19a	.00	19a	.00





SECTION A – HOUSEHOLD INFORMATION

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.

EXAMPLE: Jane and Jack are married and filed jointly and they both work, List as follows:

FLOWERS, Jane - \$90,000 (Gross Income)

FLOWERS, Jack - \$75,000 (Gross Income)

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS
 $\$90,000 + \$75,000 = \$165,000$



GROSS INCOME

ENTER: FLOWERS, Jane- \$90,000 (Gross Income) Line 19/19a of NYS Tax Return

FLOWERS, Jack - \$75,000 (Gross Income) Line 19/19a of NYS Tax Return

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS \$90,000 + \$75,000 = \$165,000

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. Flowers, Jane	Head of Household	35	111-11-1111	YES	\$ 90,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Flowers, Jack	Husband	30	222-22-2222	YES	75,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Flowers, Sally	Daughter	18	333-33-3333	No	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B: DEDUCTIONS								
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)					\$ 200,000	A7. TOTAL: Add all lines in GROSS INCOME column		\$ 165,000.00



DEPENDENT EXEMPTIONS – LINE B1

Refer to 2021 NYS TAX RETURN FORM IT – 201, LINE 36; OR IT 203, LINE 35. Copy the dependent exemptions reported on tax return form to income affidavit form

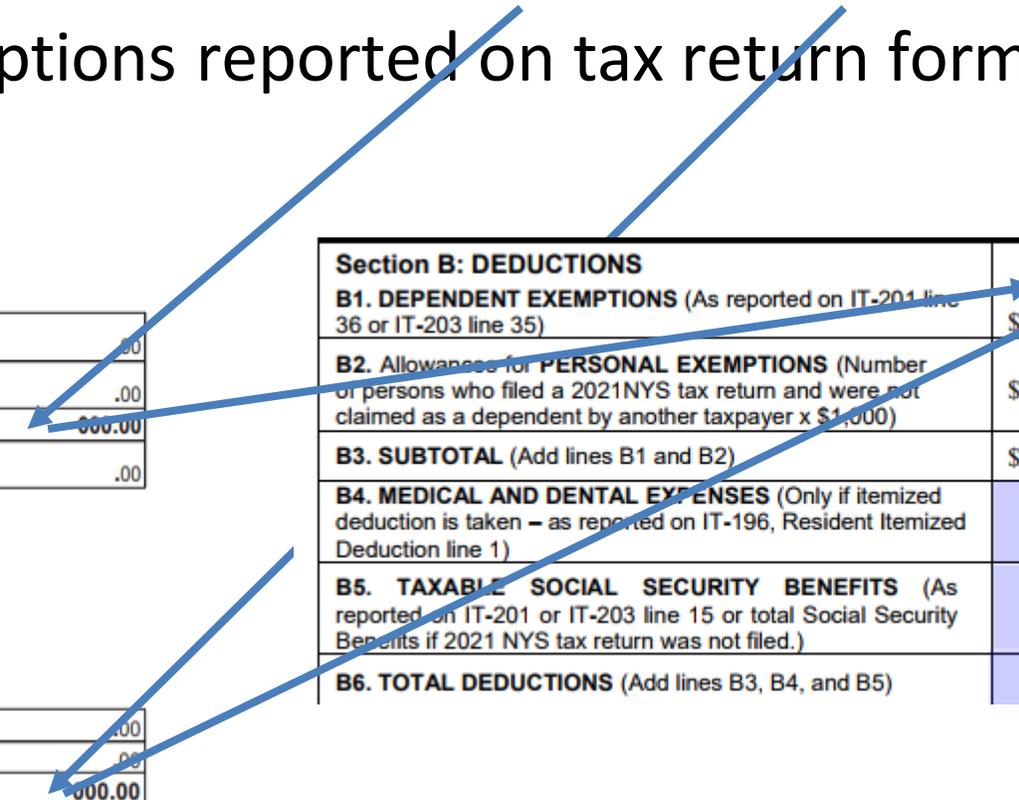
Standard deduction or itemized deduction (see page 19)

34 Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34		.00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35		.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	000.00	
37 Taxable income (subtract line 36 from line 35)	37		.00

Standard deduction or itemized deduction (see page 27)

33 Enter your standard deduction (table on page 27) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: ... <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33		.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34		.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	35	000.00	
36 New York taxable income (subtract line 35 from line 34)	36		.00

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ 200,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2021 NYS 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)	





ALLOWANCE FOR PERSONAL EXEMPTIONS

LINE B2

Refer to 2021 NYS TAX RETURN AND do the following:

Insert the number of persons who filed a 2021 NYS tax return and were not claimed as a dependent by another taxpayer x \$1000.00 ON Line B2 on income affidavit: EXAMPLE: If number of dependents is 2 on Tax Return, multiply that number by \$1000.00; Total allowance is \$2,000.00

ENTER \$2,000 on Line B2

ADD LINES B1 AND B2 AND ENTER TOTAL ON LINE B3

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ 20,000
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)	\$ 2,000
B3. SUBTOTAL (Add lines B1 and B2)	\$ 22,000



MEDICAL AND DENTAL EXPENSES

If itemized deduction is taken – as reported on IT 196. Resident itemized deduction line 1 include on Line B4



Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number

Medical and dental expenses (see instructions)

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses	1	.00
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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)	
<p>Note: You must attach copies of all 2021 NYS tax returns filed by members of your household if:</p> <ul style="list-style-type: none"> • 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. 	

Submit a copy of 2021 NYS Income Tax return if **Medical deduction is listed on B4.**



TAXABLE SOCIAL SECURITY BENEFITS

LINE B5 – AS REPORTED ON 2021 NY TAX RETURN IT-201 OR IT-205,
LINE 15, OR TOTAL SOCIAL SECURITY BENEFITS IF 2021 NYS TAX
RETURN WAS NOT FILED

Department of Taxation and Finance
Resident Income Tax Return
New York State • New York City • Yonkers • MCTMT
IT-201
For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning ... 21
and ending ...

12 Rental real estate included in line 11	12	.00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14 Unemployment compensation	14	.00
15 Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16 Other income (see page 14) Identify:	16	.00

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.

Submit a copy of 2021 NYS Income Tax return with Income Affidavit if **Social Security deduction is listed on B5.**



Section C – DEPOSITION

SECTION C: DEPOSITION – ALL occupants 18 years or older **MUST** sign the form.

2021 Income Affidavits MUST BE NOTARIZED

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

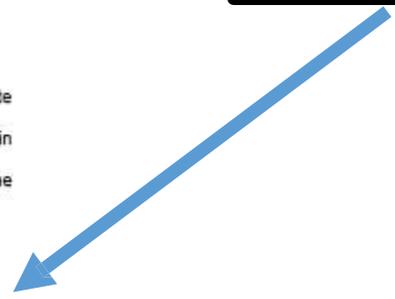
State of New York) SS: The Undersigned, being duly sworn, deposes and says:
 County of)

- 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 →

NOTARIZE HERE

**Sign here
if 18 years
or older**





INSURANCE REQUIREMENTS

INSURANCE REQUIREMENT

- \$25,000 Personal Property
- \$2,500 Building property
- \$100,000 Liability protection
- \$1,000 Guest medical
- 12 months additional living expenses

Staple your insurance declaration page to the 2021 Income Affidavit Form.



SUBMIT INCOME AFFIDAVIT

APRIL 2022						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Completed Income Affidavit forms are due by **April 30, 2022.**

Return completed forms by mail to Riverbay Corporation, Attn. Finance Department, 2049 Bartow Avenue, Bronx, NY 10475 **OR**

Place in a sealed envelope and drop in the carrying charge box in one of the three community centers (Bartow, Dreiser or Einstein). **Only return the original and yellow copy of the form. Retain the pink copy for your records.**

Income Affidavits can also be completed, printed, notarized, scanned and emailed to RiverbayFinance@riverbaycorp.com. Visit coopcitynyc.com, click on "Resources" and scroll down to "Finance" for further information on this option.