

Development Name:	DHCR Number:	<b>OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2022</b>	Complete Affidavit and return by April 30, 2023 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 2022 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 12/31/2022)	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	\$
<b>TOTAL</b>	<b>\$</b>
ENTER APPLICABLE RATIO (7X or 8X)	_____
<b>MAXIMUM INCOME LIMIT</b>	<b>\$</b>
<b>ADJUSTED HOUSEHOLD INCOME</b> (Line A7 minus Line B6)	<b>\$</b>
<b>SECONDARY WAGE EARNER(S) DEDUCTION</b> (for each, \$20,000 or total wages if less)	<b>\$</b>
<b>NET INCOME</b>	<b>\$</b>

**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 \$ \_\_\_\_\_

**AMOUNT OVER INCOME** \$ \_\_\_\_\_

**B2. Allowances for PERSONAL EXEMPTIONS** (Number of persons who filed a 2022 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000) \$ \_\_\_\_\_,000

**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 )**

**PERCENTAGE OVER INCOME** %

**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)

- 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.

**PERCENTAGE OF SURCHARGE** (per surcharge schedule) %

**B5. TAXABLE SOCIAL SECURITY BENEFITS** (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2022 NYS tax return was not filed.)

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

**MONTHLY SURCHARGE** to be billed \$ \_\_\_\_\_

**Note: You must attach copies of all 2022 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.

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 →

**Reviewed By:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_

**Notary Seal/Stamp:** \_\_\_\_\_

<b>STATE OF NEW YORK</b>		<b>SECTION OF 94(1)(d) OF THE NEW YORK PUBLIC OFFICERS LAW</b>	
<b>PRIVACY NOTICE</b>		<b>REQUIRES THIS NOTICE TO BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS</b>	
<b>AGENCY NAME</b>		<b>BUREAU/UNIT</b>	
NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL		Office of Integrated Housing Management	
<b>TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION</b>			
Director			
<b>BUSINESS ADDRESS OF OFFICIAL</b>		<b>Email: MLIncomeAffidavits@hcr.ny.gov</b>	
641 Lexington , New York, NY 10022			
<b>AUTHORITY WHICH PERMITS THE MAINTENANCE OF INFORMATION</b>			
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			
<b>THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION</b>			
Maximum Rental Surcharge and/or Denial of Succession Applications			
<b>THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED</b>			
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.)			
<b>KNOWN OR FORESEEABLE TRANSFERS OF THE INFORMATION</b>			
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			
<b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW PERSONAL INFORMATION MAINTAINED BY THE AGENCY, UNLESS EXEMPTED BY LAW.</b>			



New York State  
 Division of Housing and Community Renewal  
 Office of Housing Operations  
 Website: [www.hcr.ny.gov/ml](http://www.hcr.ny.gov/ml)