



INSTRUCTIONS FOR COMPLETING THE INCOME AFFIDAVIT FORM

**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

Daytime telephone contact number: Example 718-555-5555



Development Name: Co-op City (Riverbay)	DHCR Number: H081	OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2020			
Last Name – Head of Household:	Address:	Bldg.#:	Apt.#:	Daytime Telephone: ()	



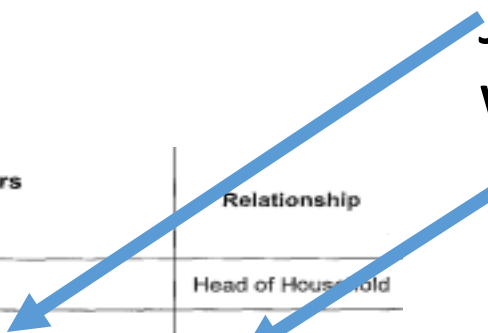
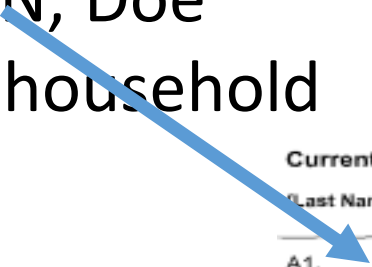
SECTION A – HOUSEHOLD INFORMATION

List all members of household and relationship currently residing in the apartment regardless of earning status. Example, if you have two residents, list head of household first, followed by other member:

JOHNSON, Doe
Head of household

JOHNSON, Dora
Wife

Current Household Members (Last Name, First Name)	Relationship
A1.	Head of Household
A2.	
A3.	
A4.	
A5.	
A6.	





Section A – HOUSEHOLD INFORMATION

- Enter for each resident:
 - Age - 59
 - Social Security number – 111-00-1111 Employed (YES/NO)
 - Check the correct box of NYS Tax Return filed For each household member

Current Household Members Last Name, First Name	Relationship	Age (as of 12/31/2018)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
11.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION A - HOUSEHOLD INFORMATION RESIDENT INCOME TAX

You need a copy of your [current year] tax return so that you can report your gross income:

Step 1 – Refer to NY State [current year] Tax Form IT-201: Go to line 19 and copy FEDERAL ADJUSTED gross income from line 19 to Income Affidavit form as Gross Income

Department of Taxation and Finance
Resident Income Tax Return **IT-201**
 New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... and ending ...

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mm/dd/yyyy)	Your Social Security number	Current Household Members	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
											Joint	Individual	None
12 Rental real estate included in line 11 <input type="text" value="12"/> .00					11.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) <input type="text" value="13"/> .00					12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Unemployment compensation <input type="text" value="14"/> .00					13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Taxable amount of Social Security benefits (also enter on line 27) <input type="text" value="15"/> .00					14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other income (see page 16) Identify: <input type="text" value="16"/> .00					15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Add lines 1 through 11 and 13 through 16 <input type="text" value="17"/> .00					16.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Total federal adjustments to income (see page 16) Identify: <input type="text" value="18"/> .00					17.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Federal adjusted gross income (subtract line 18 from line 17) <input type="text" value="19"/> .00					18.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION A – HOUSEHOLD INCOME – NON RESIDENT INCOME TAX RETURN

You need a copy of [current year] tax return so that you can report your gross income.

Step 1 – Refer to NY State [current year] Tax Form IT-203. **Go to line 19 and copy FEDERAL ADJUSTED gross income from line 19 to Income Affidavit form as Gross Income**



Department of Taxation and Finance
Nonresident and Part-Year Resident
Income Tax Return New York State • New York City • Yonkers • MCTMT
 For the year January 1, 2020, through December 31, 2020, or fiscal year beginning 19

IT-203

For hi

12	Rental real estate included in line 11 (federal amount)	12	.00		
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 24) (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 24) (Identify:)	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00

New York additions (see page 26)

Current Household Members Last Name, First Name)	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
V1.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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: Doe and Dora are married and filed jointly and they both work, List as follows:

JOHNSON, Doe - \$90,000 (Gross Income)

JOHNSON, Dora - \$12,000 (Gross Income)

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS
 $\$90,000 + \$12,000 = \$102,000$



GROSS INCOME

ENTER JOHNSON, Doe - \$90,000 (Gross Income)

JOHNSON, Dora - \$12,000 (Gross Income)

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS \$90,000 + \$12,000 = \$102,000

Current Household Members (Last Name, First Name)	Relationship	Age (as of 12/31/2019)	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				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3.						<input type="checkbox"/>	<input type="checkbox"/>	<input 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	\$			



SECTION B – DEDUCTIONS

Enter amounts of all personal exemptions, medical and dental expenses, and taxable social security benefits as instructed on the form. If no deductions, enter “0.”

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 2020 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 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 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.





DEPENDENT EXEMPTIONS – LINE B1

Refer to [current year] 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

IT – 203

32 Enter the amount from line 31, <i>Federal amount</i> column	32	.00
Standard deduction or itemized deduction (see page 29)		
33 Enter your standard deduction (table on page 29) 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 29)	35	000.00
36 New York taxable income (subtract line 35 from line 34)	36	.00

IT – 201

Standard deduction or itemized deduction (see page 21)

34 Enter your standard deduction (table on page 21) 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 21)	36	000.00
37 Taxable income (subtract line 36 from line 35)	37	.00

0000000000



ALLOWANCE FOR PERSONAL EXEMPTIONS

LINE B2

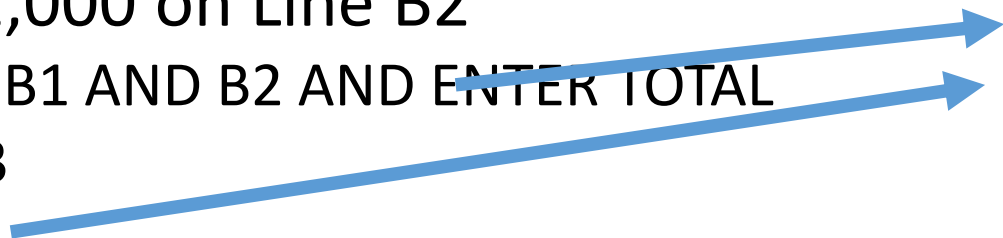
Refer to [current year] NYS TAX RETURN AND do the following:

Insert the number of persons who filed a [current year] 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)	\$ _____,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 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 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 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.



MEDICAL AND DENTAL EXPENSES

LINE B4 - Only if itemized deduction is taken – as reported on IT 196.
Resident itemized deduction line 1

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 2020 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 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	
Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:	
<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.	





TAXABLE SOCIAL SECURITY BENEFITS

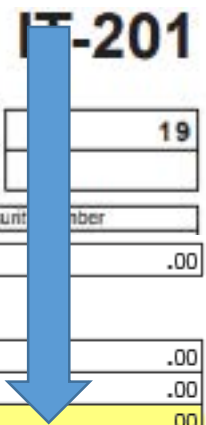
LINE B5 – AS REPORTED ON [CURRENT YEAR] NY TAX RETURN IT-201 OR IT-205, LINE 15, OR TOTAL SOCIAL SECURITY BENEFITS IF [CURRENT YEAR] NYS TAX RETURN WAS NOT FILED

Department of Taxation and Finance
Resident Income Tax Return
 New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... and ending ...

For help completing your return, see the instructions, Form IT-20 1-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mm/dd/yyyy)	Your Social Security number
trusts, etc. (submit a copy of federal Schedule E, Form 1040)				
12 Rental real estate included in line 11 (federal amount)	12		.00	11
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13		.00	13
14 Unemployment compensation	14		.00	14
15 Taxable amount of Social Security benefits (also enter on line 26)	15		.00	15
16 Other income (see page 24) Identify:	16		.00	16
17 Add lines 1 through 11 and 13 through 16	17		.00	17
18 Total federal adjustments to income (see page 24) Identify:	18		.00	18
19 Federal adjusted gross income (subtract line 18 from line 17)	19		.00	19



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 2020 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 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 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.





TOTAL DEDUCTIONS – LINE B6

- ADD LINE B3
 - B4
 - B5
- AND INSERT TOTAL
DEDUCTIONS ON LINE B6

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 2020 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 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 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.

Attach a copy of [current year] NYS Income Tax return if Medical deduction and/or Social Security deduction is listed on B4 and/or B5.



Section C – DEPOSITION

SECTION C: DEPOSITION – FORMS DO NOT NEED TO BE NOTARIZED.

Signed Affidavits, without notary acknowledgement, are acceptable.

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 →

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

Upload your insurance declaration page to the [current year] Income Affidavit Form.

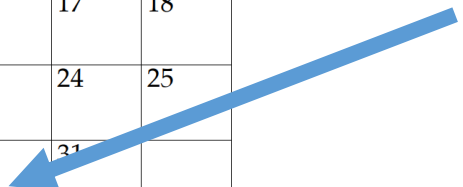


SUBMIT INCOME AFFIDAVIT

July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <small>Canada Day</small>	2	3	4 <small>Independence Day</small>
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	31	

Completed Income Affidavit forms are due by **April 30, [current year]**.



The completed form will be automatically sent to Riverbay Finance, so there's no need to drop off a paper copy.

Development Name:	DHCR Number:	OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR [####]				Complete Affidavit and return by April 30, 2023 to:
Last Name – Head of Household:	Address:	TCode.#:	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 2023 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 (First Name Last Name) Print or Type – No Cursive Handwriting	Relationship	Age (as of 12/31/2023)	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)	\$
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2023 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$
B3. SUBTOTAL (Add lines B1 and B2)	\$
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 2023 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

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

AMOUNT OVER INCOME	\$
PERCENTAGE OVER INCOME	%
PERCENTAGE OF SURCHARGE (per surcharge schedule)	%
MONTHLY SURCHARGE to be billed	\$

Note: You must attach copies of all 2023 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.

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

The head of household 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.

The head of household 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.

I electronically certify under penalty of perjury that I have read the foregoing statement of income and family composition, that I am familiar with the contents thereof, that I am over the age of 18, that I am the head, or co-head, or a member of the household for which this affidavit is submitted, and that the information electronically presented in the above affidavit, including household composition, age of occupants, and household income, is true to the best of my knowledge and belief. I understand that the information presented will become part of the records of the Riverbay Corporation and that Riverbay and New York State Homes and Community Renewal will rely upon said information to determine the amount of my annual maintenance charges. I further understand that any willful misrepresentation or false statement may be cause for termination of my occupancy agreement and my household's right to reside at Riverbay, and that I may be subject to civil or criminal liability for any willful misrepresentation or false statement.

Signature of Head of Household _____ Signature (other occupant) _____ Signature (other occupant) _____

Signature (other occupant) _____ Signature (other occupant) _____ Signature (other occupant) _____

Reviewed By: _____ **Date Reviewed:** _____

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