



NY Rising Housing Recovery Program

MANUFACTURED HOME COMMUNITY RESILIENCY PROGRAM

INCOME CERTIFICATION FORM (ZD04)

INSTRUCTIONS

In the table below, locate the number of persons in your household, and then fill in or check the circle that contains the amount of your current annual household income. For a description of what is included in income, please see the next page of this document. Please note that you must include the income of all persons living in your household.

PURPOSE

This form is used 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 NY Rising Program, and is not shared with other entities.

NY RISING RESPECTS YOUR PRIVACY and does 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 any private lenders.

Identification:

Applicant Name(s): _____

Damaged Property Address: _____

City: _____, County: _____, NY

Please check your income range based on your household size (for example if there are 5 people in your household, use line 5; if there are 8 or more in your household use line 8)

Rockland County, NY

# of Members in Household				
1 person	<input type="radio"/> \$0 - 22,200	<input type="radio"/> \$22,201 - 37,000	<input type="radio"/> \$37,001 - 50,150	<input type="radio"/> \$50,151+
2 people	<input type="radio"/> \$0 - 25,400	<input type="radio"/> \$25,401 - 42,300	<input type="radio"/> \$42,301 - 57,300	<input type="radio"/> \$57,301+
3 people	<input type="radio"/> \$0 - 28,550	<input type="radio"/> \$28,551 - 47,600	<input type="radio"/> \$47,601 - 64,450	<input type="radio"/> \$64,451+
4 people	<input type="radio"/> \$0 - 31,700	<input type="radio"/> \$31,701 - 52,850	<input type="radio"/> \$52,851 - 71,600	<input type="radio"/> \$71,601+
5 people	<input type="radio"/> \$0 - 34,250	<input type="radio"/> \$34,251 - 57,100	<input type="radio"/> \$57,101 - 77,350	<input type="radio"/> \$77,351+
6 people	<input type="radio"/> \$0 - 36,800	<input type="radio"/> \$36,801 - 61,350	<input type="radio"/> \$61,351 - 83,100	<input type="radio"/> \$83,101+
7 people	<input type="radio"/> \$0 - 39,350	<input type="radio"/> \$39,351 - 65,550	<input type="radio"/> \$65,551 - 88,800	<input type="radio"/> \$88,801+



8 people

\$0 - 41,850

\$41,851 - 69,800

\$69,801 - 94,550

\$94,551+

Sources of income include, but are not limited to:

- The full amount before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal service, the net income of any kind from real or personal property;
- The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment other than Supplemental Security Income;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- Welfare assistance;
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
- All regular pay, special pay and allowances of a member of the Armed Forces (other than pay for hazardous duty).
- Interest or dividend income
- Business income
- Partnership, S-Corporations, Trusts, Royalties, Rental income, Farm Income

The following sources of income may be excluded:

- Child support
- Money or property that was inherited, willed or given as a gift
- Insurance proceeds received as a result of someone's death

CERTIFICATION

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 NY Rising Verification of Benefits Team 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 Verification of Benefits (VOB) team of the NY Rising Housing Recovery 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: _____