



**NY Rising Housing Recovery Program
AFFORDABLE RENTAL OPPORTUNITY PROGRAM
INCOME VERIFICATION FORM (ZD05)**

This form must be completed by all household members (all persons occupying the unit), 18 years of age and older, who reside in a unit receiving assistance from the Housing Trust Fund Corporation's "NY Rising Housing Recovery Program", regardless of whether or not he or she is an owner of the Property.

PURPOSE: This document is used to verify your Adjusted Gross Income (AGI) with the NY State Department of Taxation and Finance in order to determine if your household qualifies as low/moderate income ("LMI"). Funding used to assist LMI households must be reported to HUD, 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:

Name of Household Member _____

Social Security No. _____

Joint Taxpayer's Name _____ Joint Taxpayer's SSN _____

Name used on tax return (if different) _____

Address used on tax return _____

Name of Property Owner/Applicant _____

Damaged Property Address _____

Income Reporting

If you are a tenant, check this box if you are currently receiving Section 8 rental assistance.
NOTE: If you currently receive Section 8 assistance, simply sign this form. NO FURTHER INFORMATION IS REQUIRED.

Instructions

- For the most recent year, if you did not file a New York State Tax Return, but did file a Federal tax return (1040, 1040A, or 1040EZ), skip to **Step 2**.
- For the most recent year, if you did not file a State tax return or Federal tax return, skip to **Step 3**.
- For the most recent year, if you did file a New York State tax return and/or a Federal tax return, but there has been a significant change to your income or financial circumstances since 2013, skip to **Step 3**.

Step 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.



Please complete the form DTF-505 or sign this form to provide equivalent consent as authorized in the DTF-505, which authorizes NY Rising to obtain your most recent AGI (Adjusted Gross Income) directly from New York State Department of Taxation and Finance.

Step 2

Check this box if, for the most recent year, you did not file a NEW YORK STATE tax return for, but did file a FEDERAL tax return (1040, 1040A, or 1040EZ) for 2014, AND there has been no significant change in your income or financial circumstances.

Please complete the IRS Form 4506-T, which authorizes NY Rising to obtain your 2014 AGI (Adjusted Gross Income) directly from the Internal Revenue Service.

Step 3

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

Please provide an explanation of your income for the most recent year

The program defines the most recent year as the most recent submitted and accepted tax return or document referred to as an alternative means to substantiate proof of income. 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;
- Public benefits (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

If for any reason the Program cannot verify your income, you may be required to include copies of the document(s) listed below, as applicable, to verify your income. **Be sure to submit a copy (not the original) of supporting documents. Failure to provide this information may delay the processing of your request.**

____ Wages, salaries, tips etc. W-2, 1099 or proof of earned income for the most recent two months (proof of direct deposit or paystubs)



- Interest and/or dividend income. 1099 INT or 1099 DIV for previous year or current interest/dividend statement from brokerage or bank
- Maintenance/Child Support (copies of checks, proof of direct deposit or copy of court order)
- Unemployment (copy of benefits letter or copy of recent checks for eight (8) weeks)
- Business/Self-employed (copy of most recent tax forms filed with the IRS)
- Capital gains and/or other gains
- Retirement/Pensions Income/IRA distributions – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined)
- Annuity income – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined)
- Insurance payments – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined)
- Severance pay (copy of check, or statement of payment)
- Armed Forces payments
- Partnership, S-Corporations, Trusts, Royalties, Rental income, Farm Income (Annual statements, profit/loss statements)
- Public (welfare) assistance – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined)
- Disability / Worker’s Compensation payments/ Unemployment – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined)
- Social Security – copy of annual benefits statements, or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined.)
- Supplemental Security Income – copy of annual benefits statement or proof of payment for most recent two months (if direct deposit, bank statements for most recent two months with direct deposit underlined.)
- Other income (Please attach a separate sheet)
- No income (Certification of Zero income)



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 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

Print Name

Date: _____