



ANDREW M. CUOMO  
Governor

# NY Rising Housing Program

## Income Certification Form

~~November 28, 2017~~ November 28, 2017

### NY Rising Housing Program (applies to all Programs)

The undersigned certifies that:

1. My name is: \_\_\_\_\_.
2. My current mailing address is: \_\_\_\_\_ (street),  
\_\_\_\_\_ (city), New York (state) \_\_\_\_\_ (zip).
3. I am the owner/tenant of real property damaged by Hurricane Irene between August 26, 2011 and September 4, 2011, Tropical Storm Lee between September 7, 2011 and September 10, 2011, or Hurricane Sandy between October 27, 2012 and November 8, 2012 and said real property is located in:  
\_\_\_\_\_ (city), \_\_\_\_\_ County, New York  
at the street address \_\_\_\_\_ (street number and name).
4. The number of people presently in my household who are **18 years of age or older** is: \_\_\_\_\_
5. The number of people presently in my household who are **younger than the age of 18** is: \_\_\_\_\_
6. The **total number** of people **in my household** is (line 4 + line 5) **TOTAL**: \_\_\_\_\_
7. I certify that, for the calendar year 2012, the total Adjusted Gross Income, from all sources, of my household, including my income, my spouse's (if any) income, and the income of all other household members 18 years of age or older, before any deductions, is \$ \_\_\_\_\_. I further certify that the stated income is complete and correct.
8. I understand that my representations concerning my total household income are subject to audit.
9. I further understand and acknowledge that I will be required to provide documentation to verify that the income information I provide is true and

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_



**Governor's Office of  
Storm Recovery**

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accurate. I state that I have records fully supporting the representations I make concerning total household income and will provide those records to New York State personnel for inspection upon reasonable request during normal business hours.

**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.**

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Primary Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant

Owner Last Name \_\_\_\_\_

Application Number \_\_\_\_\_