NY Rising Housing Program
Recurring Cash Contributions Verification Form
May 22, 2019

PURPOSE: This form is used to determine your household qualifies as low/moderate income ("LMI"). Funding awarded to LMI households must be reported to HUD but will not affect your eligibility to participate in the NY Rising Program and is not shared with other entities.

NY RISING RESPECTS YOUR PRIVACY: The program values your privacy and does not intend to provide any information regarding your household income to any outside parties which are not critical to income verification process including credit bureaus, federal or state tax agencies or any private lenders.

AUTHORIZATION: Federal Regulations require us to verify Recurring Cash Contributions made to all members of the household applying for participation in the Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the level of benefit to the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Purpose of Cash Contribution:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Amounts anticipated to be received during the next 12 months:
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________
Date: ______________________   $_________

RELEASE: I hereby authorize the release of the requested information.

(Name and Signature of Applicant)
Date: _______________________

(To be completed by Authorized Representative).

(Name and Signature of Authorized Representative)
Title: _________________________

Applicant Name__________________  Application Number____________________
By executing this Acknowledgment, Undersigned certifies that the information provided within this document is true, complete and verifiable. Presenting false or fraudulent information may subject Undersigned to penalties under State and Federal law.

**WARNING:** 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.