



Governor's Office of  
Storm Recovery

Dear Tenant,

Through the CARESACT, Congress has appropriated funds to the State of New York to address issues related to the COVID-19 pandemic. The Governor's Office of Storm Recovery (GOSR) created the Mount Vernon Healthy Homes Program (Program) to administer those funds. The owner of the property where you are a tenant has applied to the Program in order to make eligible improvements to the property. In order to qualify, the federal government requires the rental property's tenants to provide some information.

GOSR requires all tenants to provide information including but not limited to household type, size, and annual income and may require you provide additional information in the future. You may either return these forms directly to your landlord in a sealed envelope, or you may provide this information directly to GOSR. If provided directly to GOSR, your individual information will not be shared with your landlord.

Please complete the following two forms:

- Tenant Information Form
- Income Certification & Verification Form

and either return them to your landlord, or return by mail or email, to Mount Vernon Case Management at:

Mount Vernon Healthy Homes Case Management  
(914) 504-2300  
Email: [GOSR-HousingCaseManagement@stormrecovery.ny.gov](mailto:GOSR-HousingCaseManagement@stormrecovery.ny.gov)  
Mail: 500 Bi-County Boulevard, Suite 300, Farmingdale, NY 11735

Feel free to contact Mount Vernon Case Management directly should you have any questions. We look forward to working with you. Thank you for your time.

Sincerely

GOSR,  
Mount Vernon Healthy Homes Program

**Housing Trust Fund Corporation**  
**Mount Vernon Healthy Homes Program**  
**TENANT INFORMATION FORM**

**Tenant Unit Information**

Number of bedrooms in unit \_\_\_\_\_ Current monthly rent \_\_\_\_\_ Average monthly utilities \_\_\_\_\_  
Monthly rental assistance amount, if any \_\_\_\_\_ Total number of occupants living in unit \_\_\_\_\_  
Original move-in date \_\_\_\_\_ Rental contract type (month-to-month or long-term lease) \_\_\_\_\_  
Long-term lease expiration date, if applicable \_\_\_\_\_

**Tenant Household Contact Information**

Unit # \_\_\_\_\_ Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_

Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

What language does your household speak at home? \_\_\_\_\_ Do any household occupants speak or read English? \_\_\_\_\_

Do you have any pets in the household? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

If offered the opportunity, would you like to continue to live at this property? \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Do you use public transportation regularly? \_\_\_\_\_

Are there any issues or concerns that you would like to add regarding your rental unit? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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## Tenant Household Income and Demographic Information

Household Type (*please select the most accurate*) \_\_\_\_\_ How many people live in your household? \_\_\_\_\_  
\_\_\_\_ Female headed single parent household \_\_\_\_\_ How many household occupants are under the age of 18? \_\_\_\_\_  
\_\_\_\_ Male headed single parent household \_\_\_\_\_  
\_\_\_\_ Single Adult \_\_\_\_\_  
\_\_\_\_ Two or more unrelated adults \_\_\_\_\_  
\_\_\_\_ Married with children \_\_\_\_\_  
\_\_\_\_ Married without children \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

For each occupant currently living in this unit, whether related or not, provide the following information (you may attach multiple pages):

## Head of Household

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non - Binary  
**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown  
**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown  
**Elderly Status:** Yes No Unknown  
**Disability Status:** Yes No Unknown

**Note:** An elderly person is defined as a person 62 years of age or older.

**Note:** A disabled person is one who has a physical, emotional, or mental impairment that: (a) is expected to be of long-continued or indefinite duration; (b) substantially impedes the person's ability to live independently, or (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

## Household Occupant #2

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary  
**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown  
**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown  
**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor  
**Elderly Status:** Yes No Unknown  
**Disability Status:** Yes No Unknown

### Household Occupant #3

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown

### Household Occupant #4

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown

### Household Occupant #5

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown

## Household Occupant #6

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown

## Household Occupant #7

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown

## Household Occupant #8

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Yearly Income \_\_\_\_\_

For the following questions, please circle **one**:

**Gender:** Female Male Non-binary

**Race:** White Black/African American Black/African American and White  
Asian Asian and White American Indian/Alaskan Native  
American Indian/Alaskan Native and White American Indian/Alaskan Native and Black  
Native Hawaiian/Other Pacific Islander Other Multiracial Unknown

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino Unknown

**Relationship to Head of Household:** Related Adult Unrelated Adult Related Minor Unrelated Minor

**Elderly Status:** Yes No Unknown

**Disability Status:** Yes No Unknown



KATHY HOCHUL  
Governor

# Mount Vernon Healthy Homes Program

## Income Certification & Verification Form

July 26, 2022

### Part 1: Mount Vernon Healthy Homes Program Income Certification

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 located in: \_\_\_\_\_ (city), Westchester 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 2021 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 accurate. I state that I have records fully supporting the representations I make concerning total household income and will provide those

Applicant Name \_\_\_\_\_ Application ID \_\_\_\_\_



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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 Owner/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner/Tenant



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**Part 2: Mount Vernon/Mid-Hudson Project Income Verification**

**INSTRUCTIONS**

This "Income Verification Form" must be completed by all household members, 18 years and older, who reside in a unit receiving assistance from the Housing Trust Fund Corporation's "Mount Vernon/Mid-Hudson Project", regardless of whether 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 awarded to LMI households must be reported to HUD but will not affect your eligibility for the Program and is not shared with other entities.

GOSR 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 Submitting this Form:

\_\_\_\_\_

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(s)/Applicant(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

**Income Reporting**

\*\*\*If you did not file a 2021 New York State Tax Return but did file a 2021 Federal tax return (1040, 1040A, or 1040EZ), skip to **Step 2**.

If you did not file a 2021 State tax return or 2021 Federal tax return, skip to **Step 3**

Applicant Name \_\_\_\_\_ Application ID \_\_\_\_\_





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If you did file a 2021 New York State tax return and/or a 2021 Federal tax return, but there has been a significant change to your income or financial circumstances since 2021, skip to **Step 3\*\*\***

**Step 1:**

- Check this box if you filed a NEW YORK STATE tax return for 2021**, AND there has been no significant change in your income or financial circumstances.

Please complete the form DTF-505, which authorizes to obtain your 2021 AGI (Adjusted Gross Income) directly from New York State Department of Taxation and Finance

**Step 2:**

- Check this box if you did not file a NEW YORK STATE tax return for 2021, but did file a FEDERAL tax return (1040, 1040A, or 1040EZ) for 2021**, AND there has been no significant change in your income or financial circumstances.

Please complete the IRS Form 4506-T, which authorizes to obtain your 2021 AGI (Adjusted Gross Income) directly from the Internal Revenue Service.

**Step 3:**

- Check this box if you did NOT file a 2021 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.

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;

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- 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

Check each source of your income and include copies of the document or documents listed next to each source of income to verify that source of income (Social Security or SSI check or award letter, copy of bank statement showing direct deposit of benefits, copy of check, etc.).

**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) Change

\_\_\_ 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)

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- \_\_\_\_ 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

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executing Form DTF-505 or Form 4506-T, I authorize the 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 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: \_\_\_\_\_