Dear Tenant,

Through the CARES ACT, 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
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
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 ____________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
## Tenant Household Income and Demographic Information

### Household Type (please select the most accurate)

- Female headed single parent household
- Male headed single parent household
- Single Adult
- Two or more unrelated adults
- Married with children
- Married without children
- Other

How many people live in your household? _________

How many household occupants are under the age of 18? _________

### Head of Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Yearly Income</th>
</tr>
</thead>
</table>

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

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

**Gender:**
- Female
- Male
- Non-Binary

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

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Yearly Income</th>
</tr>
</thead>
</table>

For the following questions, please circle one:

**Gender:**
- Female
- Male
- Non-binary

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

**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
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

**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
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

**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
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

**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
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander

**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

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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
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander

**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

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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
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander

**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