



**Housing Trust Fund Corporation
NY Rising Housing Recovery Program**

INCOME VERIFICATION FORM

INSTRUCTIONS: This “**Income Verification Form**” must be completed by any homeowner-applicant to the Housing Trust Fund Corporation’s “NY Rising Housing Recovery Program” AND by each household member, 18 years old or older. Homeowner-applicants must also complete a separate “**Certification of Income of Property Owner.**” To complete this Form, each household member must list all sources of income and provide documentation to verify each source.

Sources of income include, but are not limited to:

- Adjusted gross income, 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;
- All regular pay, special pay and allowances of a member of the Armed Forces (other than pay for hazardous duty).

Name of Household Member Submitting this Form: _____

Name of Homeowner(s)/Applicant(s): _____

Property Address: _____

VERIFICATION FORM

Owner Last Name _____ Application Number _____



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.).

- ___ Payroll (Signed 2012 Federal Income Tax Returns or paystubs)
- ___ Social Security (copy of annual benefits statements, or copy of most recent two months bank statements showing direct deposit amounts underlined).
- ___ Supplemental Security Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- ___ Retirement/Pensions Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- ___ Annuity income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- ___ Business/Self-employed (copy of most recent tax forms filed with the IRS).
- ___ Unemployment (copy of benefits letter or copy of recent checks for eight (8) weeks).
- ___ No income (Certification of Zero income).

Please make sure to submit a copy (not the original) of supporting documents. Failure to provide this information may delay the processing of your request.

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.

VERIFICATION FORM

Owner Last Name _____ Application Number _____
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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.

I further certify that the above information is true, correct and complete, to the best of my knowledge.

Household Member Signature

Date: _____

VERIFICATION FORM

Owner Last Name _____ Application Number _____
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