



Housing Trust Fund Corporation NY Rising Housing Recovery Program

INCOME VERIFICATION FORM

INSTRUCTIONS

This "Income Verification Form" must be completed by all applicants to the Housing Trust Fund Corporation's "NY Rising Housing Recovery Program AND by each household member, 18 years old or older, regardless of whether or not he or she is an owner of the Property. Homeowner-applicants must also complete a separate "Certification of Income of Property Owner."

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") which will determine your overall award cap. Funding awarded to LMI households must be reported to HUD, but will not affect your eligibility for the NY Rising Program, and is not shared with other entities.

Name of Household Member Submitting this Form: _____

Social Security No. _____

Joint Taxpayer's Name: _____ Joint Taxpayer's Soc. Sec. No. _____

Name used on tax return (if different) _____

Address used on tax return _____

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

Property Address: _____

VERIFICATION FORM

Owner Last Name _____ Application Number _____



IF YOU FILED A FEDERAL TAX RETURN FOR 2012 OR 2013, PLEASE COMPLETE PART I OF THIS FORM

PART I

A. IF YOU HAVE A COPY OF YOUR MOST RECENTLY FILED RETURN AND

(1) There has been NO significant change in your income or financial circumstances, attach a copy of the return and skip to the Certification in Part III;

OR

(2) If there has been a significant change in your income or financial circumstances, attach a copy of your tax return, explain the change in the space provided below, and complete Part II of this form.

B. IF YOU DO NOT HAVE A COPY OF YOUR MOST RECENTLY FILED RETURN AND,

(1) There has been NO significant change in your income or financial circumstances, please check the box below and skip to the Certification in Part III;

OR

(2) There has been a significant change in your income or financial circumstances, please check the box below, explain the change in the space provided, and complete Part II of this form.

Please request a copy of my most recent tax return from the NYS Department of Taxation and Finance.

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Owner Last Name _____ Application Number _____



PART II

IF YOU HAVE NOT FILED A FEDERAL TAX RETURN FOR 2012 OR 2013, PLEASE COMPLETE PART II OF THIS FORM.

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;
- 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

VERIFICATION FORM

Owner Last Name _____ Application Number _____
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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 Benefits (copy of benefits letter or copy of recent checks for eight (8) weeks)
- _____ 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),
- _____ 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)

PLEASE COMPLETE THE CERTIFICATION IN PART III.

VERIFICATION FORM

Owner Last Name _____ Application Number _____



PART III
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. In lieu of executing Form DTF-505, I hereby authorize the NY Rising 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 NY Rising Housing Recovery Program. I further certify that the above information and all information submitted in support of my application 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 on behalf of the taxpayer.

Household Member Signature

Date: _____

VERIFICATION FORM

Owner Last Name _____ Application Number _____

