



**CAPITAL ASSESSMENT or VOLUNTARY CAPITAL CONTRIBUTION  
EXEMPTION APPLICATION**

Application for Assessment or Contribution which became effective on \_\_\_\_\_ (Date)

**PART A: GENERAL INFORMATION**

Name of Development \_\_\_\_\_  
 Name of Head of Household \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Telephone # (\_\_\_\_) \_\_\_\_\_ Emergency Contact Name & Telephone #(\_\_\_\_) \_\_\_\_\_  
 Number in Household \_\_\_\_\_ Date Moved into Apartment \_\_\_\_\_

**PART B : HOUSEHOLD INFORMATION** (List all persons living in household at the time of the capital assessment or voluntary contribution)

	Name	Relationship	Date of Birth (Attach Proof)	Social Security Number
1		Self		
2				
3				
4				

**PART C: INCOME INFORMATION**

(Supply proof of all income. List below gross Social Security one month prior to increase multiplied by 12; all other income one calendar year prior to increase. If any household member retired prior to effective date, proof must be attached.)

	Name	Social Security	SSI	Pension	Wages	Interest	Public Assistance	Other
1								
2								
3								
4								
	Total							

**PART D: ALLOWED DEDUCTION**

Did you or any occupant in your household file a federal, state or city income tax return for the calendar year prior to the effective date? Yes:  No:  (Attach copy of Tax Return and Proof of Social Security Tax Paid)

	Name	Amount of Tax Paid
1	Self	
2		
3		
4		

**PART E: AFFIRMATION**

I understand that this application is subject to verification and that I may be required to provide documentation or other evidence in support of the application. I declare that the statements made are true, correct and complete to the best of my knowledge. I understand that misrepresentation hereof may be cause for termination of my occupancy and such other penalties as may be provided by law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

Project No.	Bldg. No.	# of Rooms	Effective Date	Assessment Amount \$	# of Shares
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Monthly Utilities:	Current Rent \$	Prior Rent \$	Total Income \$
As of Increase \$	- Utilities x Room \$	- Utilities x Room \$	- Taxes \$
Prior to Increase \$	= Billable \$	= Base \$	= Adjust. Total \$

Base Rent \$
One-third of Income \$
Payable Rent (higher amt.) \$

**SEE INSTRUCTIONS ON REVERSE SIDE**