



212-615-8329  
 housing@recovery.nyc.gov  
 nyc.gov/builditback

## F6-B: 2016 Income Self Certification Form for Occupant-Owners

Please check your income range based on your household size. Include any changes to your household composition and/or income sources not reflected on your 2015 federal taxes, and an explanation for any changes below along with supporting documentation. For a description of what is included in income, please see the next page of this document. Please note that you must include the income of all persons living in your household.

**IMPORTANT: You must include a completed and signed copy of IRS Form 4506T-EZ (attached) for each member of the household who filed (or will file) federal income taxes for 2015. The Program may use this information to verify the accuracy of the income information you provide.**

# of Members  
in Household

1	<input type="radio"/> 0 - \$19,050	<input type="radio"/> \$19,051 – \$31,750	<input type="radio"/> \$31,751 – \$50,750	<input type="radio"/> \$50,751 – \$104,672	<input type="radio"/> \$104,673+
2	<input type="radio"/> 0 - \$21,800	<input type="radio"/> \$21,801 – \$36,250	<input type="radio"/> \$36,251 – \$58,000	<input type="radio"/> \$58,001 – \$119,624	<input type="radio"/> \$119,625+
3	<input type="radio"/> 0 - \$24,500	<input type="radio"/> \$24,501 – \$40,800	<input type="radio"/> \$40,801 – \$65,250	<input type="radio"/> \$65,251 – \$134,578	<input type="radio"/> \$134,579+
4	<input type="radio"/> 0 - \$27,200	<input type="radio"/> \$27,201 – \$45,300	<input type="radio"/> \$45,301 – \$72,500	<input type="radio"/> \$72,501 – \$149,531	<input type="radio"/> \$149,532+
5	<input type="radio"/> 0 - \$29,400	<input type="radio"/> \$29,401 – \$48,950	<input type="radio"/> \$48,951 – \$78,300	<input type="radio"/> \$78,301 – \$161,494	<input type="radio"/> \$161,495+
6	<input type="radio"/> 0 - \$32,580	<input type="radio"/> \$32,581 – \$52,550	<input type="radio"/> \$52,551 – \$84,100	<input type="radio"/> \$84,101 – \$173,456	<input type="radio"/> \$173,457+
7	<input type="radio"/> 0 - \$36,730	<input type="radio"/> \$36,731 – \$56,200	<input type="radio"/> \$56,201 – \$89,900	<input type="radio"/> \$89,901 – \$185,419	<input type="radio"/> \$185,420+
8	<input type="radio"/> 0 - \$40,890	<input type="radio"/> \$40,891 – \$59,800	<input type="radio"/> \$59,801 – \$95,700	<input type="radio"/> \$95,701 – \$197,381	<input type="radio"/> \$197,382+

If the household income you have selected above differs from your 2015 household income because of a change or expected change to your income sources or household composition, please explain the change below and attach supporting documentation:

**REQUIRED: For Head of Household Only**

The following information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations, and does not impact your eligibility to receive any benefits or the order that your application will be processed. Please check or fill in the appropriate circle for each question asked. Please do not leave this section blank.

**I. Please select your race:**

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Decline to Answer
- Native Hawaiian/Other Pacific Islander
- White & American Indian/Alaska Native
- White & Black/African American
- Black/African American & American Indian/Alaska Native
- White & Asian
- Other Multi-Racial

**2. Please select your ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to Answer

**3. Please select your gender:**

- Male
- Female
- Decline to Answer

**4. Are you a single (unmarried) head of household with children?**

- Yes
- No
- Decline to Answer

Applicant Name (Print)

Applicant Signature

Date

Forms can be submitted via mail, fax or email:  
 14 Murray St, #150 New York, NY 10007 | 646-500-7185  
 builditbackdocuments@recovery.nyc.gov

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Income is defined as the total annual income of all family and non-family living within the household. Income from the following sources must be **included** for all persons in the household:

1. Wages, salaries, tips, etc.;
2. Taxable interest;
3. Dividends;
4. Taxable refunds, credits or offsets of State and local income taxes;
5. Alimony (or separate maintenance payments) received;
6. Business income (or loss);
7. Capital gain (or loss);
8. Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold);
9. Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.);
10. Taxable amount of pension and annuity payments;
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.;
12. Farm income (or loss);
13. Unemployment compensation payments;
14. Taxable amount of Social Security benefits;
15. Other income. (Includes: prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit).

Income from the following sources may be **excluded**:

1. Child support;
2. Money or property that was inherited, willed or given as a gift;
3. Life insurance proceeds received as a result of someone's death.

Please refer to IRS Form 1040 instructions for more information.

(Rev. August 2014)

Department of the Treasury  
Internal Revenue Service

► **Request may not be processed if the form is incomplete or illegible.**  
► **For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).**

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

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**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name  <u>Mayor's Office of Housing Recovery Operations</u>	Telephone number  (212) 615-8017
Address (including apt., room, or suite no.), city, state, and ZIP code  <u>Church Street Station, P.O. Box 468, New York, NY 10008</u>	

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6** **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2015

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	