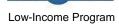
ATTACHMENT L NYC HOUSING DEVELOPMENT CORPORATION

TENANT INCOME CERTIFICATION

□ Initial Certification □ Recertification □ Other:									Housing Connect Log #:				
Effective Date:									(if applicable)				
MM / DD / YYYY Next Recert Date: Move-in Date:													
MM / DD / YYYY MM / DD / YYYY PART I - DEVELOPMENT DATA													
Property N	lame:			Building ID # (BIN):									
Address:													
# Bedroom	IS:												
PART II - HOUSEHOLD COMPOSITION													
				Relationship					Date	LIHTC ONLY:	Last 4 Digits of Social Security # or		
HH Mbr #	Loot Nama	First Name	Middle	to Head of Household	Bay	ee Et	thnicity	Dischlad?	of Birth (MM/DD/YY)	F/T Student	Alien Reg. # or Ind. Taxpayer ID #		
1 (Head)	Last Name	First Name	Initial	Self	Rad	ce Ei	linicity	Disabled?		(Y or N)	Ind. Taxpayer ID #		
2				Jei									
3													
4													
5													
6													
7													
8													
9													
10			- GRO	SS ANNUAI	INC	OME	(USE)			
НН	PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS) H (A) (B) (C) (D)												
Mbr #	Employ					C) (D) Assistance Other Income							
1 (Head)													
2													
3													
4													
5													
6													
TOTALS	\$	Add totals	from (A) t	\$ through (D), ab	ove =	\$ \$ we = TOTAL INCOME (E): \$							
				PART IV - IN					Ŷ				
HH	(F) (G) (H) Cash Value							(1)					
Mbr #			C/I		set		Annual Income from Asset						
1 (Head)													
2			$\left - \right $										
3					$\left \right $								
4													
5													
U	1			тот	ALS	\$		\$					
	Column (H) Total, if over \$ 5000 Passbook Rate												
\$	Enter the greater of	f totals from (I) or	X .06%										
Enter the greater of totals from (I) or (J) = TOTAL INCOME FROM ASSETS (K): (L) TOTAL ANNUAL HOUSEHOLD INCOME													
	FROM ALL SOURCES [Add (E) + (K)] PART V - DETERMINATION OF INCO							\$ ME ELIGIBILITY					
I. TOTAL ANNUAL HOUSEHOLD INCOME						II. RECERTIFICATION - LIHTC PROJECTS ONLY							
FROM ALL SOURCES: \$ FROM ITEM (L)						Current Limit X 140% or (170%): \$							
Current Income Limit Per Family Size \$							Note: 170% applies to Deep Rent Skewed projects only.						
						Household Income exceeds 140% OR (170%) at							
Household Income at Move-In \$						Recertification							
Household Size at Move-In													



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		PART VI - RE	NT									
Tenant Paid Rent:	\$	Rental Assista	ince:									
+ Utility Allowances:	\$	Other Non-opt	ional Charges:									
= GROSS RENT FOR UNIT (Tenant paid rent plus Utility Allowances and other non-	\$	Identify Other	-									
optional charges) Maximum Gross Rent Limit fo	or this unit: \$	Rent Level: (in AMI)	□ 30% □ 40% □ 50% □ 60%	□ 80% □ 90% □ 100% □ 130%	□ Other:%							
PART VII - STUDENT STATUS (LIHTC ONLY)												
ARE ALL OCCUPANTS FULL	. TIME STUDENTS?	If yes, enter student explana (also attach documentation Enter (1-5):		Job training prog Single parent/de Married/joint retu	assistance aining program parent/dependent child d/joint return							
PART VIII - PROGRAM TYPE												
Mark the program(s) listed below (A. through E.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.												
A. Tax Credit 🛛	B. HOME	C. Tax Exempt 🗆	D. Middle-	Income 🗆	E D							
Income Status	Income Status	Income Status	Income Sta	itus	Income Status							
□ 20% □ 60%	□ 50%	□ 40% □ 80%	□ 90%	□ 130%	□							
□ 30% □ 70%*	□ 60%	□ 50% □ OI**	□ 100%	□ 165%	□							
□ 40% □ 80%*	□ 80%	□ 60%	□ 110%	□ Other %:	□ OI**							
□ 50% □ OI*	□ OI**		□ 120%									
* these income levels apply for ir		t developments only	2.20%									
** Upon recertification, househ		-income (OI) according to elig			m(s) marked above.							
The Information on this form will be used to determine maximum income eligibility. I/we consent to the disclosure of all of the above information to the issuer of such bonds, to the holders of such bonds and the trustee acting on their behalf, of the New York City Housing Development Corporation and/or the New York City Housing Department of Housing Preservation and Development, to any lender providing financing for the apartment building and to the agents and employees of such entities. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member tersidential lease in my name or otherwise maintain another residence. I DECLARE THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this certification process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.												
Signature	Date	Signature			Date							
Signature	Date	Signature			Date							
Signature	Date	Signature			Date							
SIGNATURE OF OWNER/REPRESENTATIVE												
this Tenant Income Certification	n is/are eligible to live in th the Regulatory Agreemen	and documentation required to l e applicable unit under, as appl and/or the HOME Written Agre	cable, the provi	isions of Section 42	2 of the Internal							

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