

ADOLFO CARRION JR.
Commissioner
AHMED TIGANI
First Deputy Commissioner
JULIE WALPERT
Assistant Commissioner

Office of Asset & Property Management Division of Housing Supervision 100 Gold Street New York, N.Y. 10038

## INTERIM INCOME AND HOUSEHOLD COMPOSITION CHANGE FORM

STREE	NT'S NAME: ET ADDRESS, APT#: STATE/ZIP:		PROJECT NAME: BLDG#:
1.	Did you or <b>any</b> member of your household start receiving social security <b>for the first time</b> this year? Yes □ No □		
	If 'Yes' <b>you must</b> enter the gross annual amount of social security – \$		
2.	Other annual gross household income for last calendar year (You must include for household members and supply proof – only for 2022). \$		
	Pension Wages	Interest Dividends	SSI/SSP Other
3.	Total number of household members ( <b>SELF</b> , spouse, children, grandchildren, acquaintance/friend etc.)		
If the persons residing in your household are not the same persons who resided in your household at the time of the last recertification, please supply proof including income.			
4.	Please provide a complete copy of the <b>2022 federal income tax return</b> filed for <b>each</b> member of the household.		
5.	I certify that I do not receive other housing subsidies such as: Section 8, Rental Assistance Payments (RAP), Senior Citizen Homeowners Exemption (SCHE) program, etc I know that I am allowed to receive STAR and Enhanced STAR tax credits. Yes $\hdots$ No $\hdots$		
AFFIRMATION  I understand that this interim change form is subject to verification and that I am required to provide true and accurate documentation or other evidence in support of the statements made. I understand that misrepresentation may result in such penalties as may be provided by law. I understand that I am required to report any increases in household income or change in household status as requested above and if my recertification is granted and is later modified or revoked, I will be obligated to pay back rent. I also understand that my acceptance to DRIE, SCHE or Section 8 will forfeit my SCRIE subsidy.			
SIGNA	ATURE	DAT	E
THIS FORM MUST BE RETURNED to: HPD, 100 Gold Street, Room 7M, New York, NY			

10038, with proof of 2022 income for you and all household members.