



2751 Grand Concourse • Bronx, NY 10468-3001 • Tel.: (718) 367-3200 • Fax: (718) 562-0131

August 13, 2020

«MtSharon_LL_C»
2085 Walton Ave. Apt. «LP_Name_»
Bronx, NY 10453

RE: 2020 RECERTIFICATION

Dear Tenant,

Once a year it is mandated by the United States Internal Revenue Service, (IRS) that tenants living in Low Income Housing Tax Credit apartments must recertify their income within a 12th month period. Enclosed are the forms that need to be completed and signed by you and everyone in the household 18 and older. All income information and forms must be submitted by

August 27, 2020.

If you are working, you will need your employer to complete the “**Employment Verification**” form. If you are receiving any type of government benefits such as **Public Assistance, Social Security, or other subsidies** you must submit an up-to-date Budget / Award letter. **Anyone in the household 18 and older that is not working must sign the “CERTIFICATION OF ZERO INCOME” form. The “INCOME CERTIFICATION / LEASE RIDER” must be signed by everyone 18 or older.** Please remember that everyone in the household 18 and older must provide up-to-date proof of income.

If you have any questions in regards to this letter, please feel free to contact me at (718) 367-3200 or email me jvega@fordham-bedford.org

Thanking you in advance for your time and cooperation.

Sincerely,

Josephine Vega
Leasing & Compliance Associate

ATTACHMENT L

NYC HOUSING DEVELOPMENT CORPORATION

TENANT INCOME CERTIFICATION

| <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other: _____ | | Housing Connect Log #: _____ (if applicable) | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|-----------|--------------------------|----------------------------------|--------------------------------------------------------------------------|
| Effective Date: _____ MM / DD / YYYY | | Move-in Date: _____ MM / DD / YYYY | | | | | | | | |
| Next Recert Date: _____ MM / DD / YYYY | | | | | | | | | | |
| PART I - DEVELOPMENT DATA | | | | | | | | | | |
| Property Name: <u>Mt.Sharon LLC</u> | | Building ID # (BIN): _____ | | | | | | | | |
| Address: <u>2085 Walton Ave - Bx, NY 10453</u> | | Unit #: <u>«LP_N</u> | | | | | | | | |
| # Bedrooms: _____ | | | | | | | | | | |
| PART II - HOUSEHOLD COMPOSITION | | | | | | | | | | |
| HH Mbr # | Last Name | First Name | Middle Initial | Relationship to Head of Household | Race | Ethnicity | Disabled? | Date of Birth (MM/DD/YY) | LIHTC ONLY: F/T Student (Y or N) | Last 4 Digits of Social Security # or Alien Reg. # or Ind. Taxpayer ID # |
| 1 (Head) | | | | Self | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS) | | | | | | | | | | |
| HH Mbr # | (A) Employment or Wages | (B) Soc. Security/Pensions | (C) Public Assistance | (D) Other Income | | | | | | |
| 1 (Head) | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| TOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | | | | | |
| Add totals from (A) through (D), above = TOTAL INCOME (E): | | | | \$ _____ | | | | | | |
| PART IV - INCOME FROM ASSETS | | | | | | | | | | |
| HH Mbr # | (F) Type of Asset | (G) Ctr | (H) Cash Value of Asset | (I) Annual Income from Asset | | | | | | |
| 1 (Head) | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| TOTALS: | | | \$ _____ | \$ _____ | | | | | | |
| Column (H) Total, if over \$ 5000 \$ _____ | | Passbook Rate X .06% = | | IMPUTED INCOME (J): \$ _____ | | | | | | |
| 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 INCOME ELIGIBILITY | | | | | | | | | | |
| I. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: FROM ITEM (L) | | \$ _____ | | II. RECERTIFICATION - LIHTC PROJECTS ONLY Current Limit X 140% or (170%): \$ _____ <i>Note: 170% applies to Deep Rent Skewed projects only.</i> Household Income exceeds 140% OR (170%) at Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Current Income Limit Per Family Size \$ _____ | | Household Income at Move-In \$ _____ | | | | | | | | |
| Household Size at Move-In _____ | | | | | | | | | | |

PART VI - RENT

| | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tenant Paid Rent: \$ _____ | Rental Assistance: \$ _____ |
| Utility Allowances: \$ _____ | Other Non-optional Charges: \$ _____ |
| GROSS RENT FOR UNIT (Tenant paid rent plus Utility Allowances and other non-optional charges) | |
| \$ | Identify Other Charges: _____ |
| Maximum Gross Rent Limit for this unit: \$ _____ | Rent Level: <input type="checkbox"/> 30% <input type="checkbox"/> 80% <input type="checkbox"/> Other: _____% <input type="checkbox"/> 40% <input type="checkbox"/> 90% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 60% <input type="checkbox"/> 130% |

PART VII - STUDENT STATUS (LIHTC ONLY)

ARE ALL OCCUPANTS FULL TIME STUDENTS? Yes No

If yes, enter student explanation* (also attach documentation)

Enter (1-5):

* Student Explanation:
 1 TANF assistance
 2 Job training program
 3 Single parent/dependent child
 4 Married/joint return
 5 Previous foster care

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 <input type="checkbox"/> | B. HOME <input type="checkbox"/> | C. Tax Exempt <input type="checkbox"/> | D. Middle-Income <input type="checkbox"/> | E. _____ <input type="checkbox"/> <i>Name of other program</i> |
| Income Status | Income Status | Income Status | Income Status | Income Status |
| <input type="checkbox"/> 20% <input type="checkbox"/> 60% | <input type="checkbox"/> 50% | <input type="checkbox"/> 40% <input type="checkbox"/> 80% | <input type="checkbox"/> 90% <input type="checkbox"/> 130% | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 30% <input type="checkbox"/> 70%* | <input type="checkbox"/> 60% | <input type="checkbox"/> 50% <input type="checkbox"/> OI** | <input type="checkbox"/> 100% <input type="checkbox"/> 155% | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 40% <input type="checkbox"/> 80%* | <input type="checkbox"/> 80% | <input type="checkbox"/> 60% | <input type="checkbox"/> 110% <input type="checkbox"/> Other %: | <input type="checkbox"/> OI** |
| <input type="checkbox"/> 50% <input type="checkbox"/> OI** | <input type="checkbox"/> OI** | | <input type="checkbox"/> 120% | |

* these income levels apply for income-averaging tax credit developments only
 ** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

HOUSEHOLD CERTIFICATION & SIGNATURES

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 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 becoming a full time student. I/we understand and agree that the unit indicated on this form must be my primary residence, and I will not simultaneously maintain another residential 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 application 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

Based on the representations herein and upon the proof and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible to live in the applicable unit under, as applicable, the provisions of Section 42 of the Internal Revenue Code (as amended), the Regulatory Agreement and/or the HOME Written Agreement governing the above Property.

Signature of Owner/Representative _____ Date _____





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EMPLOYMENT VERIFICATION

_____ (Print Name of Employer)

_____ (Print Street Address of Employer)

_____ (Print City, State and Zip Code)

Dear Employer:

Federal and city regulations require us to verify the incomes of the applicants and Tenants to establish their eligibility and the rent for our housing programs. The person Identified on the other side of this letter has told us that he or she is now employed by your firm and has given his/her permission for you to release income and employment information to us for this purpose.

Your completion of this form will help us to determine whether this family is eligible for our housing program. All information will be held in confidence and will be used only in determining eligibility and rent for the employee's family. If you have any questions regarding completion of this form, please feel free to contact our office.

We are required to complete our determinations within a specified time and, Therefore, your reply will be appreciated. A return envelope is for convenience.

Thank you for your cooperation.

Sincerely,

Gerard Wollweber

I hereby grant the Owner-Manager permission to make inquires regarding my income and assets. I understand that this information is for the purpose of determining my eligibility only and will be kept confidential.

SIGNED _____ DATE _____
(SIGNATURE OF EMPLOYEE-APPLICANT/ TENANT)

Please answer all questions. Answer N/A if the question doesn't apply.

VERIFICATIONS OF EARNINGS

Name of Employee _____

Address of Employee _____

Gross Yearly Earnings _____

Average number of hours per work week: Regular Time _____ Overtime _____

Date First Employed _____

Previous base pay rate (if still employed)

\$ _____ per _____

\$ _____ per _____

Current Base Pay Rate \$ _____ per _____ Effective Date _____

Expected change in the Rate of Pay \$ _____ New Rate \$ _____ per _____

Overtime is paid at the rate of \$ _____

Amount of Bonus, Incentive Pay, Commission, and/or Tips \$ _____ per _____

If seasonal or sporadic employment, give lay-off periods: _____

Does this employee receive vacation with pay? _____ per _____

Amount deducted from medical/ hospital insurance \$ _____ per _____

Last Date of Employment _____

Signature of Employer or Authorized Representative

Official Position of Signer

Date _____ Telephone Number _____



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_____ (Print Name of Employer)

_____ (Print Street Address of Employer)

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Your completion of this form will help us to determine whether this family is eligible for our housing program. All information will be held in confidence and will be used only in determining eligibility and rent for the employee's family. If you have any questions regarding completion of this form, please feel free to contact our office.

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Sincerely,

Gerard Wollweber

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SIGNED _____ DATE _____
(SIGNATURE OF EMPLOYEE-APPLICANT/ TENANT)

Please answer all questions. Answer N/A if the question doesn't apply.

VERIFICATIONS OF EARNINGS

Name of Employee _____

Address of Employee _____

Gross Yearly Earnings _____

Average number of hours per work week: Regular Time _____ Overtime _____

Date First Employed _____

Previous base pay rate (if still employed)

\$ _____ per _____

\$ _____ per _____

Current Base Pay Rate \$ _____ per _____ Effective Date _____

Expected change in the Rate of Pay \$ _____ New Rate \$ _____ per _____

Overtime is paid at the rate of \$ _____

Amount of Bonus, Incentive Pay, Commission, and/or Tips \$ _____ per _____

If seasonal or sporadic employment, give lay-off periods: _____

Does this employee receive vacation with pay? _____ per _____

Amount deducted from medical/ hospital insurance \$ _____ per _____

Last Date of Employment _____

Signature of Employer or Authorized Representative

Official Position of Signer

Date _____ Telephone Number _____

CERTIFICATION OF ZERO INCOME FORM

Household Member Name: _____ Log No. _____

- ____ 1. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

- ____ 2. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Cash payments;
 - k. Any other source not named above.

- ____ 3. I will be using the following sources of funds to pay for rent and other necessities: _____

- ____ 4. I do not presently receive income from any of the sources listed above, but anticipate receiving one or more of these sources of income within the next twelve months as follows:

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 of Applicant/Tenant Printed Name of Applicant/Tenant Date

State of New York
 County of _____
 On this _____ day of _____, 20____, before me, personally appeared _____, and acknowledged to me that he/she signed the foregoing voluntarily for its stated purpose.

 Notary Public
 My Commission Expires:



CERTIFICATION OF ZERO INCOME FORM

Household Member Name: _____ Log No. _____

- ____ 1. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
- ____ 2. I hereby certify that I do not individually receive income from any of the following sources:
- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
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Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

State of New York

County of _____

On this _____ day of _____, 20____, before me, personally appeared

_____, and acknowledged to me that he/she signed the foregoing voluntarily for its stated purpose.

Notary Public

My Commission Expires:

Affidavit of Unemployment

Name: _____

App#: ____ «LP_Name» ____

Project Name: ____ 2085 Walton Ave. _____

Please read carefully and complete all statements that apply:

1. I am currently unemployed but am receiving or eligible to receive unemployment benefits and/or other compensation based on employment history. I understand that the collection of unemployment benefits is subject to verification in conjunction with my application.

My last employer was: _____

My last date of employment was : _____

2. I am currently unemployed and am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.
3. I am currently unemployed, but am receiving income from a source other than employment (i.e. AFDC, Social Security, SSI, pension). I understand that my alternative source of income is subject to verification in conjunction with my application.
4. I am currently unemployed and am ineligible to receive any federal, city or state financial assistance.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application.

Signature _____

Date _____

Sworn to and subscribed before me on this _____ day of _____, 20__.

Notary Public

Affidavit of Unemployment

Name: _____

App#: ___ «LP_Name» ___

Project Name: ___ 2085 Walton Ave. _____

Please read carefully and complete all statements that apply:

1. I am currently unemployed but am receiving or eligible to receive unemployment benefits and/or other compensation based on employment history. I understand that the collection of unemployment benefits is subject to verification in conjunction with my application.

My last employer was: _____

My last date of employment was : _____

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3. I am currently unemployed, but am receiving income from a source other than employment (i.e. AFDC, Social Security, SSI, pension). I understand that my alternative source of income is subject to verification in conjunction with my application.
4. I am currently unemployed and am ineligible to receive any federal, city or state financial assistance.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application.

Signature

Date

Sworn to and subscribed before me on this _____ *day of* _____, 20__.

Notary Public

ATTACHMENT T: ASSET CERTIFICATION

PROJECT NAME: 2085 Walton Ave.

LOG # _____

APPLICANT NAME: _____

UNIT # «LP_Name_»

I. SAVINGS ACCOUNT(S)

| Banking Institution | Account Name | Account Number | Current Balance | Interest Rate |
|---------------------|--------------|----------------|-----------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

II. CHECKING ACCOUNT(S)

| Banking Institution | Account Name | Account Number | Average Balance (last 6 months) | Interest Rate |
|---------------------|--------------|----------------|---------------------------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

III. INVESTMENT ASSETS (stocks, bonds, vested retirement funds, etc.)

| Financial Institution | Account Name | Account Number | Account Value | Cash Value | Interest Rate |
|-----------------------|--------------|----------------|---------------|------------|---------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |

IV. REAL PROPERTY* (include the location and value of any real estate holdings sold within the last two years)

| Type (residential, commercial, vacant land, other) | Address | % Ownership | Market Value of Property | Annual Income Generated |
|----------------------------------------------------|---------|-------------|--------------------------|-------------------------|
| 1) | | | | |
| 2) | | | | |

** Real property includes shares of stock in a cooperative housing corporation and ownership includes any type of direct or indirect ownership interest (including partial ownership or ownership through LLC).*

V. Has any member of the household previously purchased any interest in residential real property (whether or not they still own it)?

Yes No

VI. CASH SAVINGS

I have \$ _____ in cash savings.

VII. OTHER INVESTMENT HOLDINGS (Gems, Coin Collections, Etc.)

| Description | Value |
|-------------|-------|
| 1) | |
| 2) | |

VIII. LIST ANY ASSET DISPOSED OF WITHIN THE LAST TWO (2) YEARS

| Description | Value |
|-------------|-------|
| 1) | |
| 2) | |

I hereby certify that I have no assets at this time, including but not limited to any of the asset types listed above.

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 application 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 OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

NOTARY PUBLIC & DATE

ATTACHMENT T: ASSET CERTIFICATION

PROJECT NAME: 2085 Walton Ave.

LOG # _____

APPLICANT NAME: _____

UNIT # «LP_Name»

I. SAVINGS ACCOUNT(S)

| Banking Institution | Account Name | Account Number | Current Balance | Interest Rate |
|---------------------|--------------|----------------|-----------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

II. CHECKING ACCOUNT(S)

| Banking Institution | Account Name | Account Number | Average Balance (last 6 months) | Interest Rate |
|---------------------|--------------|----------------|---------------------------------|---------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

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| Financial Institution | Account Name | Account Number | Account Value | Cash Value | Interest Rate |
|-----------------------|--------------|----------------|---------------|------------|---------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |

IV. REAL PROPERTY* (include the location and value of any real estate holdings sold within the last two years)

| Type (residential, commercial, vacant land, other) | Address | % Ownership | Market Value of Property | Annual Income Generated |
|----------------------------------------------------|---------|-------------|--------------------------|-------------------------|
| 1) | | | | |
| 2) | | | | |

** Real property includes shares of stock in a cooperative housing corporation and ownership includes any type of direct or indirect ownership interest (including partial ownership or ownership through LLC).*

V. Has any member of the household previously purchased any interest in residential real property (whether or not they still own it)?

Yes No

VI. CASH SAVINGS

I have \$ _____ in cash savings.

VII. OTHER INVESTMENT HOLDINGS (Gems, Coin Collections, Etc.)

| Description | Value |
|-------------|-------|
| 1) | |
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| 2) | |

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SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

NOTARY PUBLIC & DATE

AFFIDAVIT OF NO ALIMONY/ CHILD SUPPORT

Project Name: 2085 Walton Ave. Unit# «LP_Nam

Applicant/Tenant Name:

Child Name: _____

I confirm to you the following information with respect to receipt of alimony and/or child support (please check one of the following that applies):

I am **NOT** entitled to receive any alimony, spousal support, child support or other compensation pursuant to any court order or no-court agreement, nor am I in the process of seeking any monies for alimony, spousal support or child support through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.

I **AM** entitled to receive alimony, spousal support, child support or other compensation pursuant to a court order or other agreement in the amount of \$ _____ per month. Notwithstanding the above, I expect to receive no more than \$ _____ over the 12 months. I do not expect to receive the full amount of money due me because

an attempt to collect the monies due:

Although I am not currently entitled to receive any alimony, spousal support, child support or other compensation pursuant to a court order or other agreement, I believe that I will receive such an order within the next 12 months. I expect to receive \$ _____ per month commencing on _____, 199__.

I further confirm that I have custody (50% or more of the time) of all children listed on my application

Under penalties of perjury, I certify the above representations to be true as of the date shown above.

Signature

Date

**ATTACHMENT X
UNIT INSPECTION REPORT**

(Instructions: Complete this form at initial move-in and at least annually thereafter. Keep report in resident's file.)

Project Name: 2085 Walton Ave.

Date of Inspection: _____

Name of Family: _____

Log No.: _____

Unit Number: «LP_Name» Number of Bedrooms: _____ Number of Baths: _____

| | Acceptable | | Repairs Needed | | Acceptable | | Repairs Needed |
|--------------------------------------|------------|----|----------------|--------------------------|------------|----|----------------|
| | Yes | No | (Comments) | | Yes | No | (Comments) |
| KITCHEN | | | | BEDROOM NO. 2 | | | |
| Ceiling | | | | Windows/Doors | | | |
| Windows/Doors | | | | Walls | | | |
| Walls | | | | Ceiling | | | |
| Floors | | | | Floors | | | |
| Stove/Microwave | | | | Elec. Fixtures | | | |
| Refrigerator | | | | Closets | | | |
| Drain board/Dishwasher | | | | BEDROOM NO. 3 | | | |
| Sink | | | | Windows/Doors | | | |
| Elec. Fixtures | | | | Walls | | | |
| Cabinets | | | | Ceiling | | | |
| Other | | | | Floors | | | |
| BATHROOM | | | | Elec. Fixtures | | | |
| Windows/Doors | | | | Closets | | | |
| Walls | | | | BEDROOM NO. 4 | | | |
| Ceiling | | | | Windows/Doors | | | |
| Floor Tiles | | | | Walls | | | |
| Toilet | | | | Ceiling | | | |
| Tub/Shower | | | | Floors | | | |
| Elec. Fixtures | | | | Elec. Fixtures | | | |
| Basin/Sink | | | | Closets | | | |
| LIVING ROOM & DINING ROOM | | | | HEATING EQUIPMENT | | | |
| Windows/Doors | | | | Furnace | | | |
| Walls | | | | Filter | | | |
| Ceiling | | | | Hot Water Heater | | | |
| Floors | | | | MISCELLANEOUS | | | |
| Elec. Fixtures | | | | Screens/Gates | | | |
| Closets | | | | Drapes | | | |
| BEDROOM NO. 1 | | | | Porch | | | |
| Windows/Doors | | | | Stairs | | | |
| Walls | | | | YARDS | | | |
| Ceiling | | | | Front | | | |
| Floor | | | | Back | | | |
| Elec. Fixtures | | | | Side | | | |
| Heater | | | | OTHER | | | |
| | | | | Smoke Detector | | | |
| | | | | Carbon M. Detector | | | |

Family Certification

I certify that the foregoing report correctly represents the condition of the above-identified unit and have determined this unit to be in decent, safe and sanitary condition.

Signature of Family Member(s) who made this inspection _____

Date _____

Owner's Certification

I certify that the foregoing report correctly represents the condition of the above-identified unit and have determined this unit to be in decent, safe and sanitary condition. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this Tenant moves into this unit.

Signature of Owner/Agent _____

Date _____

ATTACHMENT J-2

Effective Date: _____

Annual Household Student Status Verification at Recertification For units with income limits set at or below 60% of New York City Area Medium Income (AMI) limit

Tenant's Name: _____ Program Type: _____ App. Log #: _____
 Project Name: 2085 Walton Ave. AMI %: _____ Unit #: «LP

| HOUSEHOLD MEMBER NAME | STUDENT STATUS (FT / PT / NO) | LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER | AGE |
|-----------------------|----------------------------------|-----------------------------------------------|-----|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because some of the occupant(s) is/are a part-time student(s) as noted above. Documentation of part time student status is required for at least one member of the household.
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act? | Yes / No |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of participation) | Yes / No |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach documentation of participation) | Yes / No |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? | Yes / No |
| 5. Are the students married and entitled to file a joint tax return? | Yes / No |

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household. If the student status of any household member changes during the recertification period, I/WE understand that it is my responsibility to inform management of the change. I/WE understand that Student Status determination is an ongoing qualification for low-income housing eligibility. All adults must sign and date this verification.

I/WE 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 recertification 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 result in the termination of my lease (pursuant to the HDC lease rider that I/WE signed upon our initial occupancy of the above noted unit) and referral to the appropriate authorities for potential criminal prosecution.

TENANT #1 SIGNATURE/DATE

TENANT #4 SIGNATURE/DATE

TENANT #2 SIGNATURE/DATE

TENANT #5 SIGNATURE/DATE

TENANT #3 SIGNATURE/DATE

TENANT #6 SIGNATURE/DATE



INCOME CERTIFICATION/ LEASE RIDER

Tenants:

Property Name: 2085 Walton Ave.

Unit #: «LP_

Effective Date of Lease Rider: _____

Move-In Date: _____

TENANT CERTIFICATION:

The undersigned hereby certify and agree as follows:

1. Income Certification. I have reported all sources of income and assets to the owner and the total annual gross income from all sources is \$ _____.

2. False Statements. If my income certification and/or any lease application submitted by me is false, the landlord will have the right to terminate my lease and recover possession of my apartment.

3. Regularly Scheduled Re-Certifications: The household income, household composition and other eligibility requirements will be deemed substantial and material obligations of a Tenant's tenancy and right of occupancy. Within 75 to 90 days before the anniversary of the lease, the Landlord will request that the Tenant report the income and composition of the Tenant's household and supply any other information required under Internal Revenue Code (IRC) Section 42 for the purpose of determining the Tenant's eligibility as a low- income tenant. In addition, the Landlord may request that the Tenant report such information at other times to ensure eligibility of the Tenant under IRC Section 42.

The Tenant agrees that he/she will provide accurate statements of this information by the date specified in the Landlord's request.

If The Tenant does not submit the required certification information by the date specified in the Landlord's request, the Landlord may terminate the lease, unless prohibited by IRC Section 42 or other applicable Law.

4. Student Status: The tax credit program requirements state that full-time students must meet certain eligibility requirements to be qualified. Therefore, if any member of the household becomes a fulltime student during the lease period or their current full-time student status changes, the Tenant must immediately notify the Landlord. If it is determined that the tenant no longer qualifies for a tax credit-qualified unit, the Tenant will have 30 days to vacate the unit.

Tenant(s)' Signatures:

Date: _____

Date: _____

Date: _____

OWNER CERTIFICATION:

Based on the representation of the applicant/tenant regarding income and assets and the verification of such representations, the household constitutes an eligible low-income unit under the provisions of Section 42 of the Internal Revenue Code, as amended.

1. The annual gross household income for the tenant household does not exceed the current tax credit income limit of \$_____.

OR

2. The annual gross household income for the tenant household exceeds the current tax credit income limit of \$_____ however, the unit remains eligible because:
 - a. the household was tax credit eligible at initial occupancy and;
 - b. the owner agrees to lease the next available unit only to a household whose income does not exceed the tax credit income limit.

Owner's Signature: _____

Title: _____ Date: _____