#### **ATTACHMENT L-4**

### NEW YORK CITY HOUSING DEVELOPMENT CORPORATION TENANT INCOME AND FAMILY SIZE CERTIFICATION

**IMPORTANT:** The owner must execute this certification prior to initial occupancy. The original must be retained in the Owner's files and a copy sent to HDC. Follow the Tenant Income Certification Instructions ("Instructions") in order to complete Items 1 through 26.

		PART I - GENERAL	INFORMATION		
1. Date:	2. Project Name:	3. Apartment Number:	4. Log Number:	5. Number of Bedrooms:	6. Rent: \$:

PART II - HOUSEHOLD COMPOSITION																	
Family	8a. Last Name of Family Member	8b. First Name	M.I.	9. Relationship to Head of Household	10. 11. 12. 13. Sex Date of Birth Age Social Sec		Security Number				Р	Place	15. Family Member Occupation				
Head																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
16a. Num	ber of Family Members:	6b. Number of Foster Children & Live-in Attendants:					17. Number of Dependents:										

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		PA		<ul> <li>NET FAMILY ASSETS AND d Instructions before completir</li> </ul>								
			18b. C or I	18c. Cash Value of Assets		18d. Actual Yearly Income from Assets						
<u> </u>				<u> </u>		<u> </u>						
			TOTALS:	\$		\$						
If the "Total" in Column 18c excee Otherwise, enter "N.A" in Item 19	eds \$5,000, complete Item 19, AND GO TO Item 20	19. IMPUTED INCO Enter the HUD and multiply th	approved Pa	ASSETS: assbook Rate here (%) em 18c by that rate =		\$						
				III B - INCOME (USE ANNUA d Instructions before completing								
20. (same as item 5) 20a. Family Member No. Employment or Business			20b. Social Secu	urity, Pension, etc.	20c. Public Assistance			20d. Other Income				
21. TOTALS:	\$		\$		\$			\$				
lncome from all sources except Assets (Add all amounts on Line 21 above)	\$		23. Income fron Total in Iten	n Assets (Enter the Greater of Item 19 or n 18d	\$		24. ANNUAL INCOI plus Item 23)	ME (Item 22 \$				

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	PART IV - S	TUDENT STATU	S						
25a. Will any of the persons over age 18 listed in Part II of this Form calendar months of this calendar year at an educational institutifaculty and students?  (Check One) [ ] YES [ ] NO		25b. Is any such person (other than non resident aliens) married and eligible to file a joint federal income tax return?  (Check One) [ ] YES [ ] NO							
upon by the Owner in order to determine my/our eli of any lease to be entered into with the Owner; and	gibility as a tenant in the above mentioned pro	ject and that any fals	e, misleading or incomplete info	agree that all of the above information is being relied or an armation in this Form shall be grounds for termination Corporation.					
Sworn to and signed before me this day of, 20	Head of Household (Type or Print Name)	Other	Household Member	Other Household Member					
Notary Public	Spouse (Type or Print Name)	Other	· Household Member	Other Household Member					
26. I certify that the applicant's annual househ	(TO BE COMPL) old income entered in Item 24 does not exceed	ETED BY THE OWNI		detailed in the HDC Regulatory Agreement.					
	been computed in accordance with the Instruction strue and correct and to the best of my knowled			Il required verifications were obtained pursuant to the					
			Name of Owner of Project						
		Ву:							
			Name:						
			Title:						