

AUTHORIZATION

I/We do hereby authorize PWB MANAGEMENT CORP. and its staff of authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or material which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by PWB MANAGEMENT CORP.

Development: _____.

Log #/Appl. #

Print Name _____

Applicant's Signature

Social Security

DOB

Date

Print Name _____

Co- Applicant's Signature

Social Security

DOB

Date

Current Address: _____

Other member(s) of the household over the age of 17:

Print Name

Relationship to Applicant

Signature

Date

Print Name

Relationship to Applicant

Signature

Date

Print Name

Relationship to Applicant

Signature

Date

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.

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

PART II - HOUSEHOLD COMPOSITION

7. Family Member No.	8a. Last Name of Family Member	8b. First Name	9. M.I. Relationship to Head of Household	10. Sex	11. Date of Birth MM DD YY	12. Age	13. Social Security Number	14. Place of Birth	15. Family Member Occupation
Head									
2									
3									
4									
5									
6									
7									
8									
9									

16a. Number of Family Members:	16b. Number of Foster Children & Live-in Attendants:
17. Number of Dependents:	



ATTACHMENT L-4

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TENANT INCOME AND FAMILY SIZE CERTIFICATION**

PART IV - STUDENT STATUS

25a. Will any of the persons over age 18 listed in Part II of this Form be, or have they been, full-time students during five calendar months of this calendar year at an educational institution (other than a correspondence school) with regular faculty 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

I/We, being duly sworn, (1) certify that the information in this Form is true and complete to the best of my/our knowledge and belief, (2) understand and agree that all of the above information is being relied upon by the Owner in order to determine my/our eligibility as a tenant in the above mentioned project and that any false, misleading or incomplete information in this Form shall be grounds for termination of any lease to be entered into with the Owner; and (3) consent to disclosure of all of the above information to the New York City Housing Development 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 _____

(TO BE COMPLETED BY THE OWNER)

26.

I certify that the applicant's annual household income entered in Item 24 does not exceed the lesser of the program maximum income level as detailed in the HDC Regulatory Agreement.

I certify that (1) this Tenant's eligibility has been computed in accordance with the Instructions and the HDC Regulatory Agreement and that all required verifications were obtained pursuant to the Instructions and (2) the answer to Item 25 is true and correct and to the best of my knowledge, information and belief.

Name of Owner of Project

By: _____

Name: _____

Title: _____



BAY STREET OWNERS LLC
REQUEST FOR VERIFICATION OF ASSETS

Log/Appl.# _____

To: _____
 (Name of Financial Institution)

 (Address)

 (City, State and Zip code)

Date: _____
 Re: _____
 (Applicant's Name)
 SS# _____
 SS# _____

We are required federal regulations set forth in Section 42 of the Internal Revenue Code, to verify the income and assets of applicants of our housing. The applicant named above has authorized the release of the requested information. This information will be used solely for the purpose of determining eligibility. A self-addressed stamped envelope has been included for your convenience. Do not hesitate to contact this office at (718) 519-6900 ext. 302 if you have any questions.

Sincerely,

BAY STREET OWNERS LLC

I hereby authorize the release of the information requested on this verification form.

Applicant Signature: _____ Date: _____
 Applicant Signature: _____ Date: _____

BELOW IS TO BE COMPLETED BY THE FINANCIAL INSTITUTION ONLY:

Account Holder's Name (s): _____

Type of Account Or Asset and/or Account #	Withdrawal Penalty	Average Balance for the Last 6 Months	Current Balance or Value of Asset	Current Interest Rate or Yearly Dividend Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

 (Authorized Signature)

 (Date)

 (Title)

 (Phone)

PLEASE RETURN FORM TO:
BAY STREET OWNERS LLC
3092 HULL AVENUE
BRONX, NY 10467
FAX: (718) 519-6904

Affidavit of Alimony/Child Support

Appl.# _____

Applicant Name: _____

Date: _____

List name(s) of child (Print):

I confirm to you that 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 non-court order 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** entitle 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 next 12 months. I do not expect to receive the full amount of money due me because _____
I have taken the following actions in 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 _____, 2011.

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

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

Applicant Signature

Date

Before me personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instrument this _____ day of _____, 2013.

Notary Public

(Notary Stamp/ Seal)

My commission Expires: _____

AFFIDAVIT OF NON-EMPLOYMENT

Log/Appl.# _____

Applicant's Name: _____

I confirm to you the following information with respect to my non-employment status and my receipt of income.

I am not currently employed in any capacity nor receiving income from any source and; (check one box)

I do intend to become employed in the next 12 months. Based upon my educational background, prior employment experience and career training, I anticipate earning \$_____ over the next twelve months. I anticipate starting employment as a _____ on _____ earning \$_____ per hour working _____ hours a week.

I support of this estimate, I am submitting:

- Previous year's tax returns
- Previous job and salary history
- Other supporting documentation (describe)

I have no intention of becoming employed nor receiving income in the next 12 months, am not under any affirmative obligation to obtain employment, nor do I receive unemployment compensation or other benefits as a result of my non-employed status.

Please state how you intend to meet day-to-day expenses without any anticipated income source:

I understand that if I am receiving income, I am required to complete other income verification forms.

I understand that this affidavit is made as part of the eligibility requirements for my application/residency in Low Income Housing Tax Credit housing and that any misrepresentation herein will be considered a material breach of the lease agreement.

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

Signature

Date

Before me personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instrument this _____ day of _____, 2013.

Notary Public

(Notary Stamp/ Seal)

My commission Expires: _____

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. 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-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. 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.

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

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

Applicant/Tenant _____

Log # _____

This verification may be used for either child support or alimony paid or received. A copy of a divorce decree or settlement agreement showing the amount in question should be attached to this form.

IF YOU DO NOT RECEIVE CHILD SUPPORT PLEASE WRITE \$00.00 IN THE SPACE PROVIDED. THIS FORM MUST BE NOTARIZED REGARDLESS OF THE AMOUNT.

1. **Declaration of Payment Received:** The applicant or tenant requiring the child support or alimony should fill out this section if the maker of the payment is not able to be reached or will not complete the form, if the applicant is not receiving child support, or if the applicant is receiving a different amount than on a divorce decree or settlement agreement. This form must be notarized.

I, _____ who reside at 40 Prospect St, SI, NY 10304 – Apt. #
(name) (address)
do certify that I receive the sum of \$ _____ per _____ for the obligation of
(week/month)

_____. If child support, list names of children cared for.
(alimony or child support)

1.	5
2.	6.
3.	7.
4.	8.

- I am not entitled to receive child support
- I have legal documents showing I am entitled to receive child support but do not currently receive.

- I am not entitled to receive alimony
- I have legal documents showing I am entitled to receive alimony but do not currently receive.

******Please explain the likelihood of receiving either child support or alimony in the future, and attach a copy of your divorce decree and/or separation agreement. If there is no agreement, or likelihood please state so. If the amount being received is different than the amount specified in the divorce decree or settlement agreement please explain the difference and what attempts have been made to collect the amount specified**

Applicant Signature _____ Date _____
Notary Signature _____ Date _____

SELF-EMPLOYMENT AFFIDAVIT

This Affidavit is to be signed by any individual who is 18 years of age and over who claims on an Application to be self-employed.

I am self-employed in the business of _____.

I have been self-employed in this manner since ____/____/____.

To the best of my knowledge, I expect to earn \$_____ in the upcoming 12 months.

This estimated earnings is supported by:

- ____ previous year's tax return
- ____ accountant's/bookkeeper's statement
- ____ business receipts/check stubs
- ____ other (identify: _____)

If none of the above is available, please state the reason why: _____

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

(Applicant/Resident Signature)

(Date)

(Witness)

(Date)