

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' 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-3

NYC HOUSING DEVELOPMENT CORP / DEPT OF HOUSING PRESERVATION AND DEVELOPMENT TENANT INCOME CERTIFICATION

Effective Date: _____	Log #: _____
Next Recert Date: _____	Move-In Date #: _____
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other	

PART I - DEVELOPMENT DATA	
Property Name: _____ BAY STREET OWNERS LLC	Unit #: _____
Address: _____ 40 PROSPECT STREET, STATEN ISLAND NY 10304	# Bedrooms: _____
LIHTC Building Identification No.: (NY-) _____	HDC Project#: _____

PART II - HOUSEHOLD COMPOSITION										
Family Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (MM/DD/YY)	Student F/T (Y of N)	Social Security # or Alien Reg. #
Head										
2										
3										
4										
5										
6										
7										
8										

PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
Family Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance/AFDC	(D) Other Income
Head				
2				
3				
4				
5				
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D), above = TOTAL INCOME (E):				\$ _____

PART IV - INCOME FROM ASSETS				
Family Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
Head				
2				
3				
4				
5				
TOTALS:			\$ _____	\$ _____

Column (H) Total, if over \$ 5000	Passbook Rate	= IMPUTED INCOME (J):
\$ _____	X 2%	\$ _____

Enter the greater of totals from (I) or (J) = TOTAL INCOME FROM ASSETS (K):	\$ _____
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(L) TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES [Add (E) + (K)]	\$ _____
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PART V - DETERMINATION OF INCOME ELIGIBILITY	
I. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: FROM ALL SOURCES: \$ _____ FROM ITEM (L) _____ Current Income Limit Per Family Size \$ _____ Household Income at Move-In \$ _____ Household Size at Move-In _____	II. RECERTIFICATION ONLY Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 55% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> _____% Current Limit X 140% or (170%): \$ _____ Household Income exceeds 140% OR (170%) at Recertification <input type="checkbox"/> Yes <input type="checkbox"/> No Household Size at Move-In: _____



PART VI - RENT

Tenant Paid Rent:	\$ _____	Rental Assistance:	\$ _____	
Utility Allowances:	\$ _____	Other non-optional charges:	_____	
MAXIMUM RENT FOR UNIT (Tenant paid rent plus Utility Allowances)		Identify Other Charges: _____		
<table border="1" style="width:100px; height:30px; margin-left:20px;"> <tr> <td style="text-align:center">\$</td> </tr> </table>		\$	Unit Meets Rent Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 55% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> ____%	
\$				
Maximum Gross Rent Limit for this unit: \$ _____				

PART VII - STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?	If yes, Enter student explanation* (also attach documentation)	* Student Explanation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enter (1-5): <table border="1" style="width:100px; height:20px; margin:0 auto;"></table>	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. AHDP <input type="checkbox"/>	E. _____ <small>(Name of Program)</small>
See Part V above.	Income Status	Income Status	Income Status	Income Status
	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> 50% AMGI	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 60% AMGI	<input type="checkbox"/> 60% AMGI	<input type="checkbox"/> ≤ 80% AMGI	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 80% AMGI	<input type="checkbox"/> 80% AMGI	<input type="checkbox"/> OI**	<input type="checkbox"/> _____
	<input type="checkbox"/> OI**	<input type="checkbox"/> OI**		

** 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 Housing Development Corporation and/or 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 becoming a full time student.

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

Sworn to and before me this _____ day of _____, 20____

Notary Public

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 under the provisions of Section 42 of the Internal Revenue Code, as amended, in the HDC or HPD Regulatory Agreement and the Instructions for completing this form

Signature of Owner/Representative

Date

BAY STREET OWNERS LLC
REQUEST FOR VERIFICATION OF ASSETS

Log/Appl.# _____

To: _____
 (Name of Financial Institution)

Date: _____

 (Address)

Re: _____
 (Applicant's Name)

 (City, State and Zip code)

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/Apl.# _____

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

**EMPLOYMENT VERIFICATION
ATTACHMENT Z-1**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

EFIGENIA GUEVARA
Project Owner/Management Agent

PWB MANAGEMENT CORPORATION
3092 HULL AVENUE
BRONX NY 10467
718-519-6900 FAX 718-519-6904

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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 _____

ATTACHMENT Z-2

Household Student Status Affidavit at Recertification

For units with income limits set at or below 60% of New York City Area Medium Income (AMI) limit

Tenant's Name: _____ App. Log #: _____

Project Name: 40 PROSPECT STREET, SI, NY 10304 Unit #: _____

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

According to the IRS tax credit guidelines, a low-income household cannot be made up entirely of full-time students (unless it meets one of the qualifying exceptions which are listed on the HDC Tenant Income Certification form). **If the student status of any household member changes during the term of the lease, 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 affidavit.

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 #2 SIGNATURE	DATE
TENANT #3 SIGNATURE	DATE
TENANT #4 SIGNATURE	DATE
TENANT #5 SIGNATURE	DATE
TENANT #6 SIGNATURE	DATE

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

NOTARY PUBLIC SIGNATURE AND STAMP



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)