

Tenant Income Certification



TO BE COMPLETED BY OWNER:

Current Date (mm/dd/yyyy): ____ / ____ / ____

Move-in or Lease Renewal Date: ____ / ____ / ____

Initial Certification Recertification Other: _____

City of Kingston
Office of Housing Initiatives
420 Broadway
Kingston, NY 12401

PART I: Address and Unit Information

Property Name: _____ Unit Number: _____

Address: _____ # of Bedrooms: _____

PART II: Household Composition

Household Member #	Last Name	First Name, Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Full time Student (y/n)
1					
2					
3					
4					
5					
6					
7					
8					

PART III: Gross Annual Income

Household Member #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
1				
2				
3				
4				
5				
6				
TOTALS	\$	\$	\$	\$

TOTAL (A) THROUGH (D) ABOVE = TOTAL INCOME (E): \$

PART IV: Income From Assets

Household Member #	(F) Type of Asset	(G) Annual Income from Asset
1		
2		
3		
4		
5		
6		
<i>TOTAL INCOME FROM ASSETS (H):</i>		\$

Total Annual Household Income

ADD (E) + (H) = TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (I):

\$

Household Certification & Signatures

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification/copy of documentation of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household 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.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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 lease agreement.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

STOP! PARTS V AND VI ARE TO BE COMPLETED BY THE OWNER.

PART V: Determination of Income Eligibility Worksheet

All income sources documented by the tenant(s) should first be verified.

Unit Designated at Income Restriction: 80% 120%

Household Size Determined from PART II: _____

Household Income at Move-In: \$ _____

Current Income Limit per Family Size: \$ _____

Total Annual Household Income from All Sources (I): \$ _____

Household Meets Income Restriction (*see instructions*): YES NO

PART VI: Rent

Unit Meets Rent Restriction at: 80% 120%

Tenant Paid Rent: \$ _____

Utility Allowance: \$ _____

Other non-optional charges and mandatory fees: \$ _____

Gross Rent for Unit (*see instructions*): \$ _____

Signature of Owner/Representative

Based on the representations herein and upon the proofs 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 the City of Kingston's zoning code, and the provisions of the contract signed between the City of Kingston and the developer (if applicable), to live in a unit at this address.

Ownership Entity, Print

Ownership Entity Signature

Date

Title