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CHAPTER 1 Introduction

LEARNING OUTCOMES

Upon completion of this QA Review Training, you should be able to:

- Develop and master the skills needed to conduct Quality Assurance (QA) Annual Recertification (AR) and Interim Recertification (IR) file reviews.
- Recognize the purpose of NYCHA's QA reviews and how they contribute to the integrity of NYCHA's mission and the responsibility to accurately review household income and composition to ensure tenants are paying the correct rent and are residing in an appropriate size unit.
- Identify the beginning steps of conducting a QA review with the Recertification Review Tool (RRT)
- Learn all elements of NYCHA's QA pre-HOTMA Recertification Review Tool (RRT)
- Understand key elements of pre-HOTMA public housing rent calculation
- Identify the steps and processes involved in conducting a pre-HOTMA QA recertification review
- Discern and identify discrepancies between the NYCHA e-file and the review by the QA Reviewer
- Learn elements of NYCHA's QA HOTMA Recertification Review Tool (RRT)
- Understand basic elements of HOTMA public housing rent calculation
- Recognize and accurately identify outcomes of the file review: “Pass”, “Pass w/Comment”, and “Fail”
- Identify communication processes between the QA Reviewer and Property Management

Section 1 Introduction to This Training Workshop and Guide

This workshop and guide will be an ongoing resource as you conduct QA recertification file reviews, both before and after HOTMA implementation. You will first be introduced to the NYCHA requirements and HUD regulations regarding recertifications in the public housing program.

We will describe the file review methodology used to conduct Annual Recertification (AR) and Interim Recertification (IR) reviews. We will look at key NYCHA resources that establish how NYCHA conducts recertifications. NYCHA policies will be explained throughout this guide.

The key document used to conduct QA recertification reviews is the QA Recertification Review Tool (RRT). There are two versions of the RRT: one for pre-HOTMA reviews and one for HOTMA. As we go through the RRT, we will present learning activities where you will identify if the required core documents are in the file, if household composition was determined correctly, if income and allowances were accurately determined and adequately verified, and if rent was calculated correctly.

Before going through the process of using the RRT to conduct QA reviews, we'll present an overview of key rent calculation functions.

There will be separate chapters for pre-HOTMA reviews and, when HOTMA is fully implemented, the HOTMA reviews. The chapters on HOTMA will not be covered in detail until HUD finalizes its new Housing Information Portal (HIP) electronic reporting system. When HOTMA is finalized by HUD, HOTMA reviews will not duplicate material that has not changed; rather, we will go over new HOTMA requirements and NYCHA policies.

Because tenant rent calculations are the same for pre-HOTMA and HOTMA, tenant rent will be covered in Chapter 8.

Then we'll be ready to determine the outcome of the review, whether the file passed, passed w/comment, or failed.

Finally, we go through the communication processes after the QA reviewer completes file reviews; how errors are communicated to Property Management, how corrections are documented and verified, and how Property Management can appeal the QA review outcome.

Section 2 Purpose of NYCHA's QA System

Quality assurance (QA) is a system and defined process to ensure that HUD regulations and NYCHA-established policies and procedures are applied to consistently produce on-time and accurate income and rent calculations.

QA enables NYCHA to take action in areas where performance is lacking, documents improvements in error reduction, and incrementally enhances the overall quality of service NYCHA provides.

QA is an important tool used by high-performing organizations for:

- **Error correction:** To correct errors in tenant rent;
- **Error prevention:** To prevent the most damaging errors;
- **Compliance documentation:** To document compliance with program requirements and other laws and regulations; and
- **Performance documentation:** To demonstrate performance and show improvement in program operations over time.

An effective QA program facilitates conversations about expectations for staff and the organization, and about individual and team performance, which allow managers to be proactive rather than reactive.

A fair, fact-based design will ensure that the following general outcomes are measured, tracked, and achieved:

- Consistency in data collection, documentation, and reporting;
- Complete and accurate verifications;
- Accuracy in income determinations and rent calculations;
- Timeliness in completing annual and interim recertifications;
- Complete, accurate reporting;
- Fair and consistent evaluation of work; and
- Equitable workload that is managed effectively.

Section 3 Number of Files to be Reviewed

The number of NYCHA's annual and interim recertifications to be reviewed is based on the methodology required in the Section 8 Management Assessment System (SEMAP), which is HUD's performance measurement system for the Housing Choice Voucher (Section 8) program.

The number of files to be reviewed is based on the SEMAP criteria for Annual Recertifications and is applied to each NYCHA development. Files are randomly selected by NYCHA's software.

The SEMAP requirement is 30 files plus 1 file for each 200 (or part) over 2,000.

Universe	Minimum number of files or records to be sampled
50 or less	5
51–600	5 plus 1 for each 50 (or part of 50) over 50
601–2000	16 plus 1 for each 100 (or part of 100) over 600
Over 2000	30 plus 1 for each 200 (or part of 200) over 2000

Applying the SEMAP Annual Recertifications criteria to each NYCHA development results in approximately 3,600 files to be reviewed annually. This number will change as some developments are transitioned to PACT/RAD.

Section 4 The QA File Review Methodology

Requirements for annual recertifications (ARs) and interim recertifications (IRs) change significantly under HOTMA, as well as types of income excluded and counted, and how verified. Thus, a QA review will be either for a pre-HOTMA recertification or a HOTMA recertification.

The QA file review consists of the QA reviewer completing the calculation for the particular action independent of what exists on the e-file Case Assessment submitted by NYCHA Property Management. The QA reviewer uses source verifications in the e-file (paystubs, benefit letters, asset statements, etc.) to determine annual income, then applies the applicable allowances from source verifications, and determines annual adjusted income and rent calculation.

The amount independently calculated by the QA reviewer is then compared to the end result calculated by the Property Management office that conducted the NYCHA annual or interim recertification.

When errors are found, the QA reviewer documents the reason(s) for the error(s) and adds further notes, which serve for detailed explanation and instruction.

The QA reviewer utilizes NYCHA's QA Recertification Review Tool (RRT), calculating rent from source documents in file, comparing it to the AR or IR e-file Case Assessment, and documenting discrepancies/errors.

Section 4: The QA File Review Methodology

The file review results in one of the following outcomes:

- **Pass:** All calculations, required forms, and signatures are completed without error or omission.
- **Pass with Comment:** All required forms are completed without error. Processing errors may be identified but do not impact the accuracy of the income and rent calculations. Also, the errors identified can be corrected without impacting the rent. Comment categories include:
 - Minor turned eighteen (18) but did not sign *NYCHA Form 040.608, Third Party Verification - Consent to Release Information*.
 - Lack of adequate verification for assets and/or income from assets if total of family's assets is \$5,000 or less.
 - Missing signatures on NYCHA discretionary Affidavit of Income (AOI) documents.

Fail: There are four Fail categories:

1. Administrative error (Miscalculation of the rent, e.g., math errors, not using a verification in file or calculating without a proper verification)
 2. Income/assets/expenses component errors (incorrect gathering or submission of documents)
 3. Delayed recertification (delays in both PHA and tenant compliance) – late by more than 60 days
 4. Verification error (PHA gaps in verifying income/assets/expenses provided by the tenant or 3rd party)
- A file can fail for one or more errors.

CHAPTER 2 NYCHA Resources used in Quality Assurance (QA) Recertification Reviews

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Recognize NYCHA resources related to annual and interim recertifications
 - Management Manual Chapter III (MMCHIII)
 - NYCHA's Admissions and Continued Occupancy Policy (ACOP)
 - The Affidavit of Income (AOI) as a key form related to QA reviews
 - NYCHA's QA Recertification Review Tool (RRT)
 - HUD's Enterprise Income Verification (EIV) system and reports
 - NYCHA's Upfront Income Verification (UIV) resources
 - NYCHA forms used for ARs and IRs.

Section 1 NYCHA Management Manual III

MMCHIII

Chapter III of NYCHA's Management Manual details NYCHA's policies and procedures for reviewing and verifying the tenant's household composition and income, along with the process of calculating rent.

The MMCHIII covers topics such as:

- Household composition and whose income is included, additions to the household, and temporary authorized household members [II];
- Income sources and exclusions to income [III and IV];
- Deductions [VI];
- Verification [VII];
- Determining rent [VIII]; and
- Interim recertifications [XIV].

Section 2 **NYCHA's Admissions and Continued Occupancy Policy (ACOP)**

ACOP

NYCHA Admissions and Continued Occupancy Policy (ACOP) describes how it administers its public housing program. The ACOP contains HUD regulatory requirements and NYCHA discretionary policies.

NYCHA's ACOP is an important document that is made available to applicants, tenants, and the public, and serves as a guide to staff.

NYCHA's ACOP has been updated for HOTMA.

INTERIM RECERTIFICATION [ACOP CHAPTER 8(G)]

NYCHA conducts an Interim Recertification (IR) when:

- A household member moves out of the apartment;
- Member(s) are added to the household; or
- For zero-income families, if an adult member of the family reported as unemployed on the most recent Annual or Interim Recertification obtains employment.

In addition, the tenant may report, and NYCHA will conduct an IR to decrease rent when:

- There is a decrease in income including, but not limited to, loss of employment, reduction in number of hours worked by an employed household member, and loss or reduction of benefits income;
- Increases in allowances including, but not limited to, increased medical expenses or higher childcare costs; and
- Other changes affecting the calculation of a household's annual or adjusted income including, but not limited to, a family member turning 62 years old, becoming a full-time student, or becoming a person with a disability.

The following forms are applicable to IRs:

- *NYCHA Form 040.932 PH Interim change/Change in Income-Head of Household*
- *NYCHA Form 040.932A PH Interim change/Change in Income*

Section 3 Affidavit of Income (AOI)

The AOI is the form filled out by the tenant, providing information required for annual recertifications (ARs). The AOI can be completed either online or on paper. See Section 7 to view a copy of these forms.

The AOI packet is made up of:

- *NYCHA Form 040.297A, Instructions for Completing the Public Housing Affidavit of Income* (includes Annual Recertification Cover Letter)
 - This letter advises the tenant that NYCHA is mandated by federal law to verify income and household composition yearly to establish the tenant's eligibility for public housing as well as their rent. The letter instructs the tenant to complete and return all pages of the AOI and other supporting documents, as required, to their Property Management office by the due date.
- *NYCHA Form 040.297, Public Housing Affidavit of Income Annual Recertification*
 - This form requests the tenant and co-tenant to provide information for their household based on student status, access/functional need, self-sufficiency program, income, assets, expenses (unreimbursed medical/disability, childcare), military service, pet registration, and household compositions. This form is prepopulated for all adult authorized household members (with permanent status) and must be completed on a yearly basis for both NYCHA and for the tenant to be in compliance with HUD regulations.
 - This form must be completed and signed by the lessee and co-lessee, if applicable.
- *NYCHA Form 040.297C, Public Housing Affidavit of Income – Active Family Members*; each adult authorized household member must complete this form.

Section 3: Affidavit of Income (AOI)

- *NYCHA Form 040.297D Request to Add a New Household Member (Permanent/Temporary/Conditional)*, if applicable.
 - This form is used with supporting documentation to request to add a new member to the household. It can be used to add a new member at the Annual Recertification or at any other time during the year via an Interim Recertification.
- *NYCHA form 040.608 Third Party Verification – Consent to Release Information*
 - This form is the family's legal consent for NYCHA to obtain verification of income, assets, expenses, and any other factor related to eligibility and rent, and for HUD to match computerized records in its Enterprise Income Verification (EIV) system, to be discussed in more detail in Section 5. NYCHA modifies this form to cover any other necessary information that applies to the program.
 - This form must be signed by all permanent household members aged 18 and older, and by the head of household, spouse/cohead regardless of age.
 - This form was used prior to August 1, 2024. Families were required to sign this form at each annual recertification (AR).
- *NYCHA form 040.608 Third Party Verification (Rev 2/7/24 v4) – Consent to Release Information*
 - This form serves the same purpose as the previous NYCHA form 040.608, with the following change:
 - This form is used on or after August 1, 2024 for ARs beginning third Quarter 2024. The form is signed only once by all permanent household member aged 18 and older, and head of household, spouse/cohead regardless of age.

Section 3: Affidavit of Income (AOI)

- *NYCHA form 040.902 Debts Owed to Public Housing Agencies and Terminations*
 - This form must be completed by the tenant, co-tenant (if any), and authorized household member(s), eighteen (18) years old and older, in order to comply with HUD guidelines which require NYCHA to report the tenant's debts owed and related information once tenancy ends. This form must be processed for any adult added to the household.
- *NYCHA form 040.821 Highlights of House Rules, Lease, Law and NYCHA Policy*
 - This form gives an overview of NYCHA rules and policy. The tenant keeps the Highlights of House Rules for reference
 - This form can be accessed at:
<http://connect/sites/FRL/Library/040821.pdf>

Section 4 The QA Recertification Review Tool (RRT)

THE QA RRT

The RRT is a checklist to guide the QA reviewer in their file review of the recertification. The QA reviewer views and analyzes documents in the tenant e-file in the areas of family composition, income, assets, expenses, deductions, and the verifications of these areas.

We will look at the entire pre-HOTMA RRT in Chapter 3.

The RRT compares values on the e-file case assessment against the values identified by the QA reviewer. This process is described in detail in Chapter 5.

Section 5 HUD's Enterprise Income Verification (EIV) System and Essential Reports for Annual and Interim Recertification

NYCHA must use HUD's EIV system in its entirety as a third-party source to verify tenant employment and income information during annual recertifications of family composition and income in accordance with 24 CFR 5.236 and Notice PIH 2023-27.

HUD's EIV system contains data showing earned income, unemployment benefits, social security benefits, and SSI benefits for participant families.

The income validation tool (IVT) in EIV provides projections of discrepant income for wages, unemployment compensation, and SSA benefits pursuant to HUD's data-sharing agreements with other departments.

The following policies apply to the use of HUD's EIV system.

EIV REPORTS

EIV INCOME REPORT

NYCHA is required to obtain an EIV Income Report for each family any time an annual recertification is processed (with an exception under HOTMA).

NYCHA does not use the EIV Income Report for IRs.

When required to use the EIV Income Report, for the report to be considered current, the PHA must pull the report within 120 days of the effective date of the annual recertification.

NEW HIRES REPORT

The New Hires Report identifies participant families who have new employment within the last six months. The report is updated monthly.

Section 5: HUD's Enterprise Income Verification (EIV) System and Essential Reports for Annual and

EXISTING TENANT SEARCH REPORT

This report provides the name, social security number, name of PHA and type of program (public housing, HCV, or HUD's multifamily program) of individuals who are receiving subsidy from HUD. If an individual is already receiving a HUD subsidy, they will appear on the report.

This report will be utilized when the family proposes adding a new person to the household. If the proposed person to be added is found on the report, the request to add the person must be denied.

EIV IDENTITY VERIFICATION REPORT

The EIV system verifies resident identities against Social Security Administration (SSA) records. These records are compared to HUD data for a match on social security number, name, and date of birth.

When identity verification for a resident fails, a message will be displayed within the EIV system, and no income information will be displayed.

This report should be run at least monthly by staff to check which members of a household have failed an Identification check.

- The failure is often caused due to a mismatch (data entry issue on NYCHA end) of NYCHA records and SSA file. This can be addressed via an Interim. This can also be caused due to an Annual not be processed on time.

Section 6 NYCHA's Upfront Income Verification (UIV) Resources

NYCHA's UIV systems, how to access them, and information contained, are described in detail in the *MMCHIII.VII.B.2.a*.

NYCHA utilizes computer matching (UIV) systems for the following income sources:

HRA DATABASES

This system has the following two reports:

- *Electronic Budget Letter for Public Assistance Recipients*
- *Welfare Management system verification for New Tenants*

NYC OPA REPORTS

This system provides the current rate of New York City employees paid through the Office of Payroll Administration (OPA).

Section 7 NYCHA Forms used for Recertifications

NYCHA FORM 040.297A INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF INCOME

NEW YORK CITY HOUSING AUTHORITY

Instructions for Completing the Public Housing Affidavit of Income

Dear Tenant(s):

The Law requires you to verify your income and family composition each year to establish your eligibility for public housing and to determine your rent. The period covered by this review and the due date for you to return the completed papers are indicated in Section A of this packet.

You must answer all questions and complete all forms that apply to you and all occupants of your apartment. Use the following guidelines when completing the Public Housing Affidavit of Income ("Affidavit of Income").

FILING REQUIREMENTS

You must return the Affidavit of Income with all required verification by the due date that appears in Section A of this packet.

If you FAIL to submit these forms by the due date, NYCHA may:

- **Back-Charge your Rent account** and charge you the amount of rent you should have paid if the papers were turned in on time (Retroactive Rent Charges), and/or
- Start **Termination of Tenancy Proceedings** to terminate your lease
- Start **Termination of Subsidy Action** to suspend your Section 8 subsidy (City / State (LLC) Section 8 voucher

CONSENT FORM SIGNATURES REQUIRED

Third-Party Verification – Consent to Release Information Form – A– Consent to Release Information Form HUD 9889- A WAIVER – All household members age 18 and older must sign the consent form once during their tenancy. The form authorizes NYCHA to verify the income and deduction information you report directly with third party sources.

THIRD-PARTY SOURCES

The name, address, and telephone of all income and deduction sources (such as employers, care providers and banks) **must** be indicated.

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION

Federal law and the U.S. Department of Housing and Urban Development (HUD) require that NYCHA provide this form 92006, Supplement To Application For Federally Assisted Housing to you. You may complete this optional form. The information provided by you in this form will be used by NYCHA to contact a person or organization that you have identified who can help resolve any issues that may arise during your tenancy or assist in providing you with any special care or services as needed. Provide a first and last name, address, telephone number, email address, the relationship to the Head of Household, and check as many of the reasons listed under the "Reason for Contact" section as needed.

If you do not wish to provide any information, check the box next to "Check this box if you choose not to provide the contact information" (above the signature section) and sign.

Translations of these documents are available in your management office and online at: nyc.gov/nycha.

Las traducciones de estos documentos está disponible en su oficina de administración y en Internet en nyc.gov/nycha.

所居公房管理處和房屋局網站 (網址: nyc.gov/nycha) 備有文件譯本可供索取。

Переводы этих документов находятся в офисе управления Вашего жилищного комплекса и на сайте nyc.gov/nycha.

所居公房管理处和房屋局网站 (网址: nyc.gov/nycha) 备有文件译本可供索取。



NYCHA 040.297A (Rev. 7/13/24)v8

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Instructions for Completing the Affidavit of Income

PERSONAL INFORMATION	<p>Please confirm that your information is correct. If there are any errors, please visit your Management Office.</p> <p>You should provide NYCHA with current contact information and select the best option to reach you. Include your telephone number, such as Home, Work, and/ or Cellphone number and Email address if you have one.</p> <p>Indicate your sex, ethnicity, race, and disability status.</p> <p>Indicate your current citizenship status. If you are not a citizen, please provide your Alien Registration # or I-94#. If there is any change to your citizenship status, you must provide proof of your status.</p>
STUDENT STATUS	<p>Indicate if you attend a college, university, or vocational training school. If you attend school full-time or part-time, enter the date you started school.</p> <p>Anyone in the apartment 18 years or older must provide a current enrollment letter from the school as proof of full-time or part-time student status.</p> <p>Documentation of funds provided to a member such as grants, scholarships, financial aide must be submitted.</p>
SELF-SUFFICIENCY PROGRAM	<p>You must answer YES or NO. If any employed household member is participating in an Economic Self-Sufficiency or other job-program(s). If yes, you must provide Last and First name of household member(s) and the program name and program type.</p>
INCOME	<p>You must answer YES or NO. If no, you do not need to supply additional documents. If yes, please select the appropriate source of current income you receive.</p> <p>Each type of income source must be listed separately. For each income source, indicate the source, the amount, the start date, the frequency (weekly, monthly, bi-weekly, semi-monthly, seasonally, infrequently or annually), and the name and address of your income source.</p> <p>NOTE: You must answer this question for the head of household and each authorized family member.</p>
EMPLOYMENT	<p>If employed, include current income received from wages, tips, commission and gratuities, bonuses, and commission.</p> <p>Submit the “Income Summary of Earnings Statements” (NYCHA Form 040.013 - enclosed), If employed, include current income received from wages, tips, commission and gratuities, bonuses, and commission.</p> <p>NOTE: New York City employees (including NYCHA employees), except those employed by the Metropolitan Transportation Authority (MTA) or Health and Hospitals Corporation (HHC), are not required to submit an Employer’s Certificate, since their payroll data is obtained electronically.</p>
PENSION/ANNUITY	<p>If you indicate Pension/Annuity as a source of income, attach a copy of the most recent statement or award letter.</p>
UNEMPLOYMENT INSURANCE	<p>If you indicate Unemployment Insurance as a source of income, you must attach documentation and/or Affidavit showing proof of unemployment benefits.</p>
SOCIAL SECURITY & SSI INCOME	<p>If you indicate Social Security & SSI as a source of income, you must attach a copy of the Social Security/SSI Award letter. Create your own Social Security account for free by going online to socialsecurity.gov and obtain benefit verification (award) letters.</p>
DISABILITY BENEFIT INCOME	<p>For Disability Benefit Income other than from Social Security & SSI: provide a document verifying the income amount. The document must be from the source of the funds, such as NY State Disability or the Veteran's Administration (VA).</p>
ADOPTION/FOSTER CARE	<p>If you indicate Adoption/Foster Care as a source of income, you must submit copies or proof of the subsidy payment(s) for all child(ren).</p>

WORKERS' COMPENSATION	If you indicate Workers' Compensation as a source of income, you must attach a copy of the latest compensation statement or a copy of a current check.
SELF-EMPLOYMENT	If you are self-employed or own a business, you must complete and sign the "Income: Own Business Certificate of Income" (NYCHA Form# 040.044) and submit a copy of the form.
INCOME FROM CONTRIBUTIONS (INCLUDING CHILD SUPPORT & ALIMONY)	For anyone receiving contributions of money, you must complete the "Third Party Verification of Contributions-Support/Alimony" (NYCHA Form# 040.584) . The form must state the amount of the contributions and be signed by the contributor(s).
MILITARY INCOME	Please provide military allotment income information. List the amount of military allotment received, branch of service, payroll address, and telephone number. Please attach copy of documentation to Affidavit.
ASSET INFORMATION	<p>You must answer YES or NO.</p> <p>If yes, please select the appropriate type of asset. Please provide information about each Asset separately.</p> <p>If you have assets valued over \$5,000, enter the source, the current value, the interest rate (if applicable), and interest earned from assets in the past 12 months. Submit a copy of current bank statement, IRA, Trust Funds or any other financial institution.</p> <p>NOTE: You must answer this question for the head of household and each authorized family member.</p>
REAL ESTATE/HOUSE/CO-OP OR CONDO ASSETS	<p>If you indicate Real Estate/House/Co-op or Condo Assets, please indicate percentage owned and property income earned in the last 12 months.</p> <p>You must submit a signed statement for each property that shows the following information: Type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans, including name of the lender, current value and income, if any, for the past year. You must also submit a copy of the IRS 1099 Form or a copy of the previous year's income tax return.</p>
DISPOSITION OF ASSETS	If you disposed of any assets within the last two (2) years valued over \$1,000, you must complete and sign the "Disposition of Assets Notice" (NYCHA Form 040.694) and submit a copy of the form.
MILITARY SERVICE	If any household members (including the head of household) are in the military or dependent on someone in the military, indicate the household member's name, location, and military dependent.
CHILD CARE EXPENSES	<p>If there are children under 13 years of age in your household for whom you have unreimbursed childcare expenses, answer YES. Otherwise, answer NO.</p> <p>If you answered YES, enter the full name of the child for whom you have childcare expenses, the total amount of their child care expenses, the frequency, the total amount of childcare expenses that are reimbursed to you, the frequency of the reimbursement, and the name, full address, and telephone number of the childcare provider. You must also submit a statement from the Child Care Provider.</p>
MEDICAL/HEALTH CARE EXPENSE	<p>If you or your spouse is disabled or at least 62 years of age, answer YES. Otherwise, answer NO.</p> <p>NOTE:Unreimbursed medical expenses may be deducted if you or your spouse is (1) 62 years of age or older or (2) disabled/handicapped.</p> <p>Please provide the full name of the person for whom you have out-of-pocket medical or disability expenses, the type of medical or disability expense, the amount of the expense, the frequency, and the estimated amount of medical or disability expenses for the next 12 months.</p>

<p>DISABILITY EXPENSES</p>	<p>Unreimbursed disability assistance expenses may be deducted to cover attendant care and/or auxiliary apparatus expenses for any family member who is a person with disabilities if they are required for the disabled person or other member to work.</p> <p>Please provide the full name of the person for whom you have out-of-pocket disability expenses, the type of disability expense the amount of the expense, the frequency, and the estimated amount of medical or disability expenses for the next 12 months.</p>
<p>PETS & SERVICE ANIMALS</p>	<p>You must answer YES or NO to all the questions.</p> <p>NOTE: Residents are required to register their cat, dog, assistance animal, and service animal in accordance with NYCHA policy. Please contact your Property Management Office to register your cat, dog, assistance animal, or service animal; or to obtain additional information.</p> <p>A DOG OR CAT THAT IS NOT REGISTERED IS PROHIBITED AND MAY NOT RESIDE IN OR VISIT A NYCHA APARTMENT.</p>
<p>SEX OFFENDER REGISTRATION</p>	<p>You must answer YES or NO. If yes, provide name of all household member(s) registered as a Lifetime sex offender in any state and the State requiring the registration. If no, skip this section.</p>
<p>LEAD-BASED PAINT, WINDOW GUARD, AND STOVE KNOB COVER SURVEY</p>	<p>New York City law requires that you inform NYCHA whether a child 5 years or younger lives in and/or routinely spends 10 or more hours each week in your apartment. This information determines NYCHA's next steps for taking protective measures if there is lead-based paint in the apartment.</p> <p>NYCHA must provide stove knob covers if a child 5 years or younger lives in your apartment and you request them.</p> <p>If a child 10 years or younger lives with you, window guards must also be installed. You can request window guards even if no children live with you.</p>
<p>FAMILY COMPOSITION</p>	<p>This section provides a list of all household members associated with your apartment. Verify and confirm that all the information is correct for each household member. If there are any errors, please visit your management office.</p> <p>Check the "Remove" box next to the name of the person(s) you wish to remove a person from your household.</p> <p>If you would like to add a person to your household, complete attached form "Request to Add a New Household Member (Permanent/Temporary)" NYCHA Form # 040.297D) to request permission from Property Management.</p>
<p>TENANT SIGNATURE CERTIFICATION SIGNATURE OF LESSEE (AND CO-LESSEE)</p>	<p>The person(s) who signed the original lease must sign and date the completed "Public Housing Affidavit of Income Annual Recertification" (NYCHA Form# 040.297).</p> <p><u>Failure to sign and submit the Affidavit will delay or result in termination of your lease.</u></p>

If you have questions, need additional forms or help completing these forms, call or visit your Property Management Office.

NYCHA FORM 040.297 AFFIDAVIT OF INCOME – ANNUAL RECERTIFICATION

NEW YORK CITY HOUSING AUTHORITY

A. PUBLIC HOUSING AFFIDAVIT OF INCOME ANNUAL RECERTIFICATION

1. NAME HEAD OF HOUSEHOLD	4. ACCOUNT NUMBER
2. NAME CO-HEAD	5. CASE NUMBER
3. RESIDENT ADDRESS	6. ANNUAL REVIEW QUARTER
	7. DUE DATE

8. This form should be filled out by Head of the Household **ONLY**.

The New York City Housing Authority ("NYCHA") may ask for proof of all statements you made. Failure to submit this annual recertification by the due date or willful submission of false information or omission of information may result in a backcharge for rent, termination of your lease and civil or criminal prosecution.

B. LANGUAGE INFORMATION

1. CAN YOU SPEAK AND UNDERSTAND ENGLISH? ☐ a. YES ☐ b. NO * * 2. IF NO, SELECT A LANGUAGE THAT YOU CAN SPEAK AND UNDERSTAND -OR- CHECK OTHER AND ENTER THE LANGUAGE YOU CAN SPEAK AND UNDERSTAND.

3. PLEASE CHECK ONLY ONE LANGUAGE.

☐ a. CHINESE ☐ b. RUSSIAN ☐ c. SPANISH ☐ d. OTHER

4. CAN YOU READ AND UNDERSTAND LETTERS OR DOCUMENTS IN ENGLISH? ☐ a. YES ☐ b. NO * * 5. IF NO, SELECT A LANGUAGE THAT YOU CAN READ AND UNDERSTAND -OR- CHECK OTHER AND ENTER THE LANGUAGE YOU CAN READ AND UNDERSTAND.

6. PLEASE CHECK ONLY ONE LANGUAGE.

☐ a. CHINESE ☐ b. RUSSIAN ☐ c. SPANISH ☐ d. OTHER

C. PERSONAL INFORMATION FOR THE HEAD OF HOUSEHOLD

All other authorized household members / authorized occupants are listed under the household composition (Section P).

1. LAST NAME 2. FIRST NAME 3. MIDDLE NAME

4. SOCIAL SECURITY NUMBER (SSN) 5. ALTERNATE ID NUMBER (IF NO SSN) 6. DATE OF BIRTH (mm/dd/yyyy)

7. MAIDEN NAME 8. PLACE OF BIRTH

9. SEX <input type="checkbox"/> a. MALE <input type="checkbox"/> c. NON-BINARY <input type="checkbox"/> b. FEMALE	10. ETHNICITY <input type="checkbox"/> a. HISPANIC OR LATINO <input type="checkbox"/> b. NOT HISPANIC OR LATINO	11. RACE <input type="checkbox"/> a. WHITE <input type="checkbox"/> c. AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> e. ASIAN <input type="checkbox"/> b. BLACK / AFRICAN AMERICAN <input type="checkbox"/> d. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	12. DISABILITY <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
---	---	--	---

13. MAILING ADDRESS (IF DIFFERENT FROM RESIDENT ADDRESS ABOVE)

a. ADDRESS

b. CITY c. STATE d. ZIP CODE

14. DOES ANYONE NOT LISTED ON THIS AFFIDAVIT OF INCOME USE YOUR ADDRESS AS HIS/HER MAILING ADDRESS? ☐ a. YES * ☐ b. NO

15. * IF YES DISPLAY PERSON'S NAME AND ADDRESS

a. LAST NAME b. FIRST NAME



1 of 14

NYCHA 040.297 (Rev. 7/01/24 v13) PUBLIC HOUSING AFFIDAVIT OF INCOME - ANNUAL RECERTIFICATION

c. ADDRESS
d. CITY e. STATE f. ZIP CODE

16. INDICATE YOUR CITIZENSHIP STATUS:

If you have not already done so and if you are a Non-Citizen that has eligible immigration status, you must submit documentation to prove that status with this Affidavit.

☐ a. U.S. CITIZEN ☐ b. INELIGIBLE NON-CITIZEN ☐ c. NON-CITIZEN WITH ELIGIBLE STATUS. PLEASE PROVIDE ALIEN REGISTRATION # - OR - I-94 #.

D. CONTACT INFORMATION AND PREFERRED METHOD

13. CONTACT INFORMATION:

a. HOME PHONE NUMBER b. MOBILE PHONE NUMBER c. WORK PHONE NUMBER

d. E-MAIL ADDRESS

14. PLEASE SELECT A PREFERRED METHOD OF CONTACT

☐ a. USPS MAIL ☐ b. EMAIL ☐ c. HOME PHONE NUMBER ☐ d. MOBILE PHONE NUMBER ☐ e. WORK PHONE NUMBER

PLEASE NOTE: NYCHA will contact you using contact information you provided if we are not able to reach you using your preferred method of contact.

E. ACCESS & FUNCTIONAL NEEDS STATUS FOR HEAD OF HOUSEHOLD

A. DO YOU HAVE ACCESS AND/OR FUNCTIONAL NEED(S)? ☐ 1. YES * ☐ 2. NO
* IF YES, PLEASE COMPLETE THE QUESTIONS BELOW.

B. DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A REASONABLE ACCOMMODATION(S)? ☐ 1. YES * ☐ 2. NO

* IF YES, REASONABLE ACCOMMODATION FORMS WILL BE MAILED TO YOU FOR COMPLETION.

C. ACCESS AND/ OR FUNCTIONAL NEED(S)
* IF MOBILITY IMPAIRED IS CHECKED, PLEASE SELECT THE APPLICABLE ITEM FROM A THROUGH F BELOW:

☐ 1. MOBILITY* IMPAIRED: ☐ a. MANUAL WHEELCHAIR ☐ b. ELECTRIC WHEEL-CHAIR/ SCOOTER ☐ f. OTHER MOBILITY DEVICE
☐ c. HOYER LIFT ☐ d. CANE/ WALKER ☐ e. BED- BOUND
☐ 2. VISION IMPAIRED ☐ 3. HEARING IMPAIRED ☐ 4. MENTAL OR COGNITIVE IMPAIRMENT ☐ 5. RESPIRATORY ILLNESS ☐ 6. OTHER IMPAIRMENT

D. DO YOU REQUIRE LIFE SUSTAINING EQUIPMENT? ☐ 1. YES * ☐ 2. NO
* IF YES, CHECK ALL THAT APPLY

☐ 1. OXYGEN TANK/ OXYGEN CONCENTRATOR ☐ 2. DIALYSIS EQUIPMENT ☐ 3. DEFIBRILLATOR ☐ 4. MEDICAL VENTILATOR/ RESPIRATOR ☐ 5. SUCTION/ ASPIRATION DEVICE
☐ 6. NEBULIZER ☐ 7. APNEA MONITOR/ CPAP MASK ☐ 8. ARTIFICIAL NUTRITION AND HYDRATION DEVICE ☐ 9. OTHER

E. DO YOU HAVE A SERVICE OR A SUPPORT ANIMAL IN YOUR APARTMENT? ☐ 1. YES ☐ 2. NO

F. OPTIONAL QUESTIONS

If this household member needs assistance in the event of an emergency, it is advisable to answer the following questions:

1. IF MEDICAL OR LIFE SUSTAINING EQUIPMENT IS USED, DOES THE EQUIPMENT REQUIRE ELECTRICITY? ☐ a. YES ☐ b. NO
2. DOES THE HOUSEHOLD MEMBER NEED ASSISTANCE LEAVING THE BUILDING IF THE ELEVATOR SERVICE IS OUT? ☐ a. YES ☐ b. NO
3. DOES THE HOUSEHOLD MEMBER RECEIVE HOME BASED CARE? ☐ a. YES ☐ b. NO

F. EDUCATION

A. DO YOU CURRENTLY ATTEND SCHOOL (COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING)?

You must provide a current enrollment letter from a school as proof of full-time or part-time student status with this Affidavit.

☐ 1. YES, FULL-TIME ☐ 2. YES, PART-TIME ☐ 3. NO ☐ 4. START DATE: (mm/dd/yyyy)

B. DO YOU RECEIVE GRANTS, SCHOLARSHIPS, FINANCIAL AID (YOU MUST SUBMIT A COPY OF YOUR TUITION BILL AND AWARDS)?

☐ 1. YES ☐ 2. NO

C. IF 'YES' PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.

1. SCHOOL NAME

2. ADDRESS

3. CITY 4. STATE 5. ZIP CODE

D. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS? ☐ 1. YES, FULL TIME ☐ 2. YES, PART TIME ☐ 3. NO



G. SELF-SUFFICIENCY PROGRAM

A. ARE YOU EMPLOYED AND PARTICIPATING IN AN ECONOMIC SELF-SUFFICIENCY OR OTHER JOB PROGRAMS? ☐ 1. YES ☐ 2. NO

B. IF 'YES', PLEASE PROVIDE PROGRAM NAME AND PROGRAM TYPE.

1. PROGRAM NAME

2. PROGRAM TYPE

H. INCOME INFORMATION (Head of Household ONLY)

A. DO YOU HAVE ANY INCOME? ☐ 1. YES ☐ 2. NO (IF YOU CHECK 'NO', THIS FORM ACTS AS AN AFFIRMATION OF NON-INCOME)

B. If you are not currently employed, did you earn income within the past 12 months? ☐ 1. YES ☐ 2. NO

C. If you have any source of income, regardless of your employment status, please indicate each income source separately below.

1. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> a. ADOPTION | <input type="checkbox"/> f. EMPLOYMENT (WAGES) | <input type="checkbox"/> k. ANNUITY | <input type="checkbox"/> p. UNEMPLOYMENT INSURANCE | <input type="checkbox"/> u. SOCIAL SECURITY DISABILITY |
| <input type="checkbox"/> b. FOSTER CARE | <input type="checkbox"/> g. MILITARY PAY | <input type="checkbox"/> l. PUBLIC ASSISTANCE | <input type="checkbox"/> q. WORKER'S COMPENSATION | <input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT |
| <input type="checkbox"/> c. CHILD SUPPORT | <input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS | <input type="checkbox"/> m. STIPEND | <input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP | |
| <input type="checkbox"/> d. ALIMONY | <input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE | <input type="checkbox"/> n. SELF-EMPLOYMENT | <input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT | |
| <input type="checkbox"/> e. CONTRIBUTIONS | <input type="checkbox"/> j. PENSION | <input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> t. SOCIAL SECURITY | |

2. START DATE

(mm/dd/yyyy)

3. END DATE

(mm/dd/yyyy)

4. TOTAL INCOME FOR PAST 12 MONTHS
\$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #1

7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If your Employment rate of pay is Weekly or Seasonally, please complete questions 9 – 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?*

☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE.

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11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

1. INCOME SOURCE #2 (PLEASE SELECT ONLY ONE INCOME SOURCE)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> a. ADOPTION | <input type="checkbox"/> f. EMPLOYMENT (WAGES) | <input type="checkbox"/> k. ANNUITY | <input type="checkbox"/> p. UNEMPLOYMENT INSURANCE | <input type="checkbox"/> u. SOCIAL SECURITY DISABILITY |
| <input type="checkbox"/> b. FOSTER CARE | <input type="checkbox"/> g. MILITARY PAY | <input type="checkbox"/> l. PUBLIC ASSISTANCE | <input type="checkbox"/> q. WORKER'S COMPENSATION | <input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT |
| <input type="checkbox"/> c. CHILD SUPPORT | <input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS | <input type="checkbox"/> m. STIPEND | <input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP | |
| <input type="checkbox"/> d. ALIMONY | <input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE | <input type="checkbox"/> n. SELF-EMPLOYMENT | <input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT | |
| <input type="checkbox"/> e. CONTRIBUTIONS | <input type="checkbox"/> j. PENSION | <input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> t. SOCIAL SECURITY | |



I. ASSET INFORMATION (Head of Household ONLY)

A. DO YOU HAVE ANY ASSETS? ☐ 1. YES * ☐ 2. NO * 3. IF YES, PLEASE ANSWER QUESTION #B AND PROVIDE INFORMATION ABOUT EACH ASSET SEPARATELY IN THE SECTIONS BELOW.

B. ARE THE NET HOUSEHOLD ASSETS IN EXCESS OF \$5,000? ☐ 1. YES ☐ 2. NO

C. CALCULATION OF INCOME FROM ASSETS

When the total cash value of the family's assets exceeds \$5,000, the value of the assets will be determined based on the (1) the actual income from the assets or (2) the imputed income from the assets if the income from actual assets cannot be calculated. For further information please see attached instructions.

1. ASSET #1: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> a. CHECKING ACCOUNT | <input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE) | <input type="checkbox"/> h. STOCKS | <input type="checkbox"/> k. BONDS |
| <input type="checkbox"/> b. SAVINGS ACCOUNT | <input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE) | <input type="checkbox"/> i. TRUST | |
| <input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND | <input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO | <input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT) | |
| <input type="checkbox"/> d. OTHER (PLEASE SPECIFY) | <input type="text"/> | | |

2. CURRENT VALUE

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3. INTEREST RATE (IF APPLICABLE)**4. ANTICIPATED INCOME EARNED FROM ASSETS**

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5. NAME OF FINANCIAL INSTITUTION

6. If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 18 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS

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9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

10. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY

c. STATE

d. ZIP CODE

11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY (NUMBER OF BEDROOMS)

13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD?

☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE

\$, , .

1. ASSET #2: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> a. CHECKING ACCOUNT | <input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE) | <input type="checkbox"/> h. STOCKS | <input type="checkbox"/> k. BONDS |
| <input type="checkbox"/> b. SAVINGS ACCOUNT | <input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE) | <input type="checkbox"/> i. TRUST | |
| <input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND | <input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO | <input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT) | |
| <input type="checkbox"/> d. OTHER (PLEASE SPECIFY) | <input type="text"/> | | |



7. GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS \$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

10. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY

c. STATE d. ZIP CODE

D. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs, or bank statements, to this package when returning it.

J. MILITARY SERVICE

K. UNREIMBURSED CHILDCARE EXPENSE INFORMATION (Head of Household ONLY)



4. NAME OF AGENCY/PROVIDER 5. AGENCY/PROVIDER TELEPHONE NUMBER

6. AGENCY/PROVIDER ADDRESS

a. CITY b. STATE c. ZIP CODE

7. TYPE OF UNREIMBURSED MEDICAL EXPENSE

8. AMOUNT OF OUT-OF-POCKET MEDICAL EXPENSES

a. Weekly b. Bi-Weekly c. Monthly d. Semi-Monthly e. Annually

\$, .

1. LAST NAME 2. FIRST NAME 3. M.I.

4. NAME OF AGENCY/PROVIDER 5. AGENCY/PROVIDER TELEPHONE NUMBER

6. AGENCY/PROVIDER ADDRESS

a. CITY b. STATE c. ZIP CODE

7. TYPE OF UNREIMBURSED MEDICAL EXPENSE

8. AMOUNT OF OUT-OF-POCKET MEDICAL EXPENSES

a. Weekly b. Bi-Weekly c. Monthly d. Semi-Monthly e. Annually

\$, .

1. LAST NAME 2. FIRST NAME 3. M.I.

4. NAME OF AGENCY/PROVIDER 5. AGENCY/PROVIDER TELEPHONE NUMBER

6. AGENCY/PROVIDER ADDRESS

a. CITY b. STATE c. ZIP CODE

7. TYPE OF UNREIMBURSED MEDICAL EXPENSE

8. AMOUNT OF OUT-OF-POCKET MEDICAL EXPENSES

a. Weekly b. Bi-Weekly c. Monthly d. Semi-Monthly e. Annually

\$, .

M. DISABILITY EXPENSES

You may be eligible for a deduction of unreimbursed disability expense(s) or unreimbursed reasonable attendant care and auxiliary apparatus expenses if you meet all three qualifications: 1)the expenses exceed 3% of the household annual income, 2)the family includes a person with a disability, and 3) the expenses enables any member of the family (including the member who is a person with a disability) to be employed

1. LAST NAME 2. FIRST NAME 3. M.I.



4. NAME OF AGENCY/PROVIDER

5. AGENCY/PROVIDER TELEPHONE NUMBER

6. AGENCY/PROVIDER ADDRESS

a. CITY

b. STATE

c. ZIP CODE

7. TYPE OF UNREIMBURSED DISABILITY EXPENSE

8. AMOUNT OF OUT-OF-POCKET DISABILITY EXPENSES

\$, .

a. Weekly b. Bi-Weekly c. Monthly d. Semi-Monthly e. Annually

1. LAST NAME

2. FIRST NAME

3. M.I.

4. NAME OF AGENCY/PROVIDER

5. AGENCY/PROVIDER TELEPHONE NUMBER

6. AGENCY/PROVIDER ADDRESS

a. CITY

b. STATE

c. ZIP CODE

7. TYPE OF UNREIMBURSED DISABILITY EXPENSE

8. AMOUNT OF OUT-OF-POCKET DISABILITY EXPENSES

\$, .

a. Weekly b. Bi-Weekly c. Monthly d. Semi-Monthly e. Annually

N. PET OWNERSHIP/ REGISTRATION

A. DO YOU HAVE A PET (CAT OR DOG) IN YOUR APARTMENT?

☐ 1. YES

☐ 2. NO

B. IS THE PET (CAT OR DOG) REGISTERED WITH NYCHA?

☐ 1. YES

☐ 2. NO*

* IF NO, REGISTRATION FORMS WILL BE MAILED TO YOU FOR COMPLETION.

C. IF YOU INDICATED IN SECTION E THAT YOU HAVE SERVICE OR A SUPPORT ANIMAL(S), IS / ARE ALL SERVICE OR SUPPORT ANIMAL(S) REGISTERED WITH NYCHA?

☐ 1. YES

☐ 2. NO*

* IF NO, REGISTRATION FORMS WILL BE MAILED TO YOU FOR COMPLETION.

D. RESIDENTS ARE REQUIRED TO REGISTER THEIR PET (CAT OR DOG), AND ASSISTANCE ANIMALS (SERVICE OR SUPPORT ANIMAL) IN ACCORDANCE WITH NYCHA POLICY.

PLEASE CONTACT YOUR PROPERTY MANAGEMENT OFFICE TO OBTAIN ADDITIONAL INFORMATION AND/OR TO REGISTER YOUR PET (CAT OR DOG) OR YOUR ASSISTANCE ANIMAL. YOU CAN ALSO VISIT NYCHA'S SELF-SERVICE PORTAL AT <https://selfserve.nycha.info/> TO REGISTER YOUR ANIMAL ONLINE.

A DOG OR CAT THAT IS NOT REGISTERED IS PROHIBITED.

O. SEX OFFENDER REGISTRATION

A. HAVE YOU BEEN REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE?

☐ 1. YES*

☐ 2. NO

*B. IF YES, PLEASE PROVIDE THE NAME OF THE STATE REQUIRING REGISTRATION. IF NO, SKIP THIS SECTION.



P. HOUSEHOLD COMPOSITION

A. In addition to the Head of Household (the Tenant) named in Section C, Personal Information for Head of Household, the following lists all other individuals who are authorized to reside in the apartment according to NYCHA's current records (authorized occupants). This list is based on (1) original household members, persons added through birth, adoption or legal guardianship, and persons who obtained written permanent permission from NYCHA to join the household, and (2) who have remained in continuous residence. **Persons who are not authorized by NYCHA are not permitted to reside in the household.**

B. **Removal of Authorized Occupant:** If you wish to remove a person from your household, check the 'Remove' box next to that person's name on the list below. **NOTE:** You cannot remove the co-tenant (a person who also signed the Resident Lease Agreement) using this section. To remove a co-tenant you must obtain and submit NYCHA form 040.032, Notice of Intent to Vacate, to the management office.

If you check a box to remove an authorized occupant from your household, you are required to submit proof the person no longer lives in your apartment. To prove that the person no longer lives in your apartment, you can submit documents such as a Court Order of Protection excluding that person from the apartment or a Police Report indicating that person left the apartment, you can also submit two pieces of proof that the person lives at another address such as a copy of a lease, utility bill, driver's license, non-driver ID or other document that shows the person's current address. If you do not have proof of either non-residency or alternate residency, you must check the 'No Proof of Non-Residency or Alternate Residency' checkbox after the list of authorized occupants and explain why no proof is available in the space provided.

1. REMOVE	2. LAST NAME	3. FIRST NAME	4. SOCIAL SECURITY #	5. RELATIONSHIP	6. MOVE OUT DATE
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<input type="checkbox"/>					<input type="text"/>
1. REMOVE	2. LAST NAME	3. FIRST NAME	4. SOCIAL SECURITY #	5. RELATIONSHIP	6. MOVE OUT DATE
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1. REMOVE	2. LAST NAME	3. FIRST NAME	4. SOCIAL SECURITY #	5. RELATIONSHIP	6. MOVE OUT DATE
<input type="checkbox"/>					<input type="text"/>
1. REMOVE	2. LAST NAME	3. FIRST NAME	4. SOCIAL SECURITY #	5. RELATIONSHIP	6. MOVE OUT DATE
<input type="checkbox"/>					<input type="text"/>
1. REMOVE	2. LAST NAME	3. FIRST NAME	4. SOCIAL SECURITY #	5. RELATIONSHIP	6. MOVE OUT DATE
<input type="checkbox"/>					<input type="text"/>

☐ NO PROOF OF NON-RESIDENCY OR ALTERNATE RESIDENCY *

*Explain why no proof is available in the space provided.

Q. LEAD-BASED PAINT, WINDOW GUARD, AND STOVE KNOB COVER SURVEY

PEELING LEAD PAINT: New York City law requires that tenants living in buildings with three or more apartments provide their landlord with information about whether a child under 6 years of age lives in and/or routinely spends 10 or more hours each week in your apartment. As your landlord, NYCHA needs tenants to provide this information even if there is no child living in the apartment. If you do not provide NYCHA with this information, NYCHA is required by law to visit your apartment to determine if a child resides in your apartment. Please take a moment to provide this important information below which will determine NYCHA's next steps for taking protective measures if there is lead-based paint in the apartment. More details here: on.nyc.gov/lead-safety.

PLEASE CHECK THE BOXES THAT APPLY*

- ☐ 1. A child under 6 lives in my apartment.
- ☐ 2. A child under 6 routinely spends 10 or more hours each week in my apartment.

WINDOW GUARDS: New York City law requires that your landlord install window guards in all of your windows if a child 10 years or younger lives with you, or if you request window guards (even if no children live with you). You must inform NYCHA whether a child 10 years of age or younger lives in your apartment. Even if you do not have a child 10 years or younger living with you, you can still ask NYCHA to install window guards. Please take a moment to provide NYCHA with this important information below.

PLEASE CHECK THE BOXES THAT APPLY*

- | | |
|---|--|
| <input type="checkbox"/> 3. A child 10 years or younger lives in my apartment and | <input type="checkbox"/> 4. No child 10 years or younger lives in my apartment |
| <input type="checkbox"/> a. Window guards are installed in all windows as required. | <input type="checkbox"/> a. I want window guards installed anyway. |
| <input type="checkbox"/> b. Window guards need repair. | <input type="checkbox"/> b. I have window guards, but they need repair. |
| <input type="checkbox"/> c. Window guards are NOT installed in all windows as required. | |



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NYCHA 040.297 (Rev. 7/01/24 v13) PUBLIC HOUSING AFFIDAVIT OF INCOME - ANNUAL RECERTIFICATION

NEW YORK CITY HOUSING AUTHORITY

Instructions for Completing the Public Housing Affidavit of Income

Dear Tenant(s):

The Law requires you to verify your income and family composition each year to establish your eligibility for public housing and to determine your rent. The period covered by this review and the due date for you to return the completed papers are indicated in Section A of this packet.

You must answer all questions and complete all forms that apply to you and all occupants of your apartment. Use the following guidelines when completing the Public Housing Affidavit of Income ("Affidavit of Income").

FILING REQUIREMENTS

You must return the Affidavit of Income with all required verification by the due date that appears in Section A of this packet.

If you FAIL to submit these forms by the due date, NYCHA may:

- **Back-Charge your Rent account** and charge you the amount of rent you should have paid if the papers were turned in on time (Retroactive Rent Charges), and/or
- Start **Termination of Tenancy Proceedings** to terminate your lease
- Start **Termination of Subsidy Action** to suspend your Section 8 subsidy (City / State (LLC) Section 8 voucher

CONSENT FORM SIGNATURES REQUIRED

Third-Party Verification – Consent to Release Information Form – A– Consent to Release Information Form HUD 9889- A WAIVER – All household members age 18 and older must sign the consent form once during their tenancy. The form authorizes NYCHA to verify the income and deduction information you report directly with third party sources.

THIRD-PARTY SOURCES

The name, address, and telephone of all income and deduction sources (such as employers, care providers and banks) **must** be indicated.

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION

Federal law and the U.S. Department of Housing and Urban Development (HUD) require that NYCHA provide this form 92006, Supplement To Application For Federally Assisted Housing to you. You may complete this optional form. The information provided by you in this form will be used by NYCHA to contact a person or organization that you have identified who can help resolve any issues that may arise during your tenancy or assist in providing you with any special care or services as needed. Provide a first and last name, address, telephone number, email address, the relationship to the Head of Household, and check as many of the reasons listed under the "Reason for Contact" section as needed.

If you do not wish to provide any information, check the box next to "Check this box if you choose not to provide the contact information" (above the signature section) and sign.

Translations of these documents are available in your management office and online at: nyc.gov/nycha.

Las traducciones de estos documentos está disponible en su oficina de administración y en Internet en nyc.gov/nycha.

所居公房管理處和房屋局網站 (網址: nyc.gov/nycha) 備有文件譯本可供索取。

Переводы этих документов находятся в офисе управления Вашего жилищного комплекса и на сайте nyc.gov/nycha.

所居公房管理处和房屋局网站 (网址: nyc.gov/nycha) 备有文件译本可供索取。



NYCHA 040.297A (Rev. 7/13/24)v8

NEW YORK CITY HOUSING AUTHORITY
PUBLIC HOUSING DEPARTMENT

A. PUBLIC HOUSING AFFIDAVIT OF INCOME
ACTIVE FAMILY MEMBERS

1. NAME HEAD OF HOUSEHOLD	4. ACCOUNT NUMBER
2. NAME CO-HEAD	5. CASE NUMBER
3. RESIDENT ADDRESS	6. ANNUAL REVIEW QUARTER
	7. DUE DATE

B. PERSONAL INFORMATION FOR THE ACTIVE FAMILY MEMBER

1. Family members consent to provide all information requested on this form. The New York City Housing Authority ("NYCHA") may ask for proof of all statements made by you. Failure to return your Affidavit by the date shown or willful submission of false information or omission of information may result in a backcharge for rent, termination of your lease and civil or criminal prosecution. (Please see enclosed instructions for this form)

Relationship Codes:	01 Head	1A Co-Head	02 Spouse/Domestic Partner	03 Grandparent	04 Child
	05 Grandchild	06 Parent	07 Foster Child	08 Sibling	09 Other Minor
	10 Other Adult	11 Live-In Aide			

B. ACTIVE FAMILY MEMBER

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME
4. RELATIONSHIP CODE	5. SOCIAL SECURITY NUMBER	6. ALTERNATE ID NUMBER (IF NO SSN)
		7. DATE OF BIRTH (mm/dd/yyyy)

8. SEX <input type="checkbox"/> a. MALE <input type="checkbox"/> c. NON-BINARY <input type="checkbox"/> b. FEMALE	9. ETHNICITY <input type="checkbox"/> a. HISPANIC OR LATINO <input type="checkbox"/> b. NOT HISPANIC OR LATINO	10. RACE <input type="checkbox"/> a. WHITE <input type="checkbox"/> c. AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> e. ASIAN <input type="checkbox"/> b. BLACK/ AFRICAN AMERICAN <input type="checkbox"/> d. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	11. DISABILITY <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
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C. INDICATE YOUR CITIZENSHIP STATUS:

If you are a Non-Citizen that has eligible immigration status, you must submit documentation to prove that status with this Affidavit.

<input type="checkbox"/> 1. U.S. CITIZEN	<input type="checkbox"/> 2. NON-CITIZEN WITH ELIGIBLE STATUS PLEASE PROVIDE ALIEN REGISTRATION # <input type="text"/> -OR- I-94 #.	<input type="checkbox"/> 3. INELIGIBLE NON-CITIZEN
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C. SEX OFFENDER REGISTRATION

A. HAVE YOU BEEN REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE? ☐ 1. YES* ☐ 2. NO

*B. IF YES, PLEASE PROVIDE THE NAME OF THE STATE REQUIRING REGISTRATION. IF NO, SKIP THIS SECTION.

D. SELF-SUFFICIENCY PROGRAM

A. ARE YOU EMPLOYED AND PARTICIPATING IN AN ECONOMIC SELF-SUFFICIENCY OR OTHER JOB PROGRAM? ☐ 1. YES ☐ 2. NO

B. IF 'YES', PLEASE PROVIDE PROGRAM NAME AND PROGRAM TYPE.

1. PROGRAM NAME

2. PROGRAM TYPE



NYCHA 040.297C (Rev. 7/01/24 v7)

1 of 7

PUBLIC HOUSING AFFIDAVIT OF INCOME - ACTIVE FAMILY MEMBERS

E. ACCESS & FUNCTIONAL NEEDS STATUS (Active Family Member ONLY)	
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A. DO YOU HAVE ACCESS AND/OR FUNCTIONAL NEED(S)? ☐ 1. YES * ☐ 2. NO * IF YES, PLEASE COMPLETE THE QUESTIONS BELOW.

B. DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A REASONABLE ACCOMMODATION(S)? ☐ 1. YES* ☐ 2. NO *IF YES, REASONABLE ACCOMMODATION FORMS WILL BE MAILED TO YOU FOR COMPLETION.

C. ACCESS AND/ OR FUNCTIONAL NEED(S) * IF MOBILITY IMPAIRED IS CHECKED, PLEASE SELECT THE APPLICABLE ITEM FROM A THROUGH F BELOW:

<input type="checkbox"/> 1. MOBILITY* IMPAIRED:	<input type="checkbox"/> a. MANUAL WHEELCHAIR	<input type="checkbox"/> b. ELECTRIC WHEEL- CHAIR/ SCOOTER	<input type="checkbox"/> c. HOYER LIFT	<input type="checkbox"/> d. CANE/ WALKER	<input type="checkbox"/> e. BED- BOUND	<input type="checkbox"/> f. OTHER MOBILITY DEVICE
<input type="checkbox"/> 2. VISION IMPAIRED	<input type="checkbox"/> 3. HEARING IMPAIRED	<input type="checkbox"/> 4. MENTAL OR COGNITIVE IMPAIRMENT	<input type="checkbox"/> 5. RESPIRATORY ILLNESS	<input type="checkbox"/> 6. OTHER IMPAIRMENT		

D. DO YOU REQUIRE LIFE SUSTAINING EQUIPMENT? ☐ 1. YES * IF YES, CHECK ALL THAT APPLY ☐ 2. NO

<input type="checkbox"/>	1. OXYGEN TANK/ OXYGEN CONCENTRATOR	<input type="checkbox"/>	2. DIALYSIS EQUIPMENT	<input type="checkbox"/>	3. DEFIBRILLATOR	<input type="checkbox"/>	4. MEDICAL VENTILATOR/ RESPIRATOR	<input type="checkbox"/>	5. SUCTION/ ASPIRATION DEVICE
<input type="checkbox"/>	6. NEBULIZER	<input type="checkbox"/>	7. APNEA MONITOR/ CPAP MASK	<input type="checkbox"/>	8. ARTIFICIAL NUTRITION AND HYDRATION DEVICE	<input type="checkbox"/>	9. OTHER		

E. DO YOU HAVE A SERVICE OR A SUPPORT ANIMAL IN YOUR APARTMENT? ☐ 1. YES ☐ 2. NO

F. OPTIONAL QUESTIONS

If this household member needs assistance in the event of an emergency, it is advisable to answer the following questions:

1. IF MEDICAL OR LIFE SUSTAINING EQUIPMENT IS USED, DOES THE EQUIPMENT REQUIRE ELECTRICITY?	a. YES	b. NO

2. DOES THE HOUSEHOLD MEMBER NEED ASSISTANCE LEAVING THE BUILDING IF THE ELEVATOR SERVICE IS OUT? ☐ a. YES ☐ b. NO

3. DOES THE HOUSEHOLD MEMBER RECEIVE HOME BASED CARE?	a. YES	b. NO
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F. EDUCATION	
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A. DO YOU CURRENTLY ATTEND SCHOOL (COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING)?

You must provide a current enrollment letter from a school as proof of full-time or part-time student status with this Affidavit.

☐ 1. YES,
FULL-TIME ☐ 2. YES,
PART-TIME ☐ 3. NO 4. START
DATE:
(mm/dd/yyyy)

☐ 1. YES ☐ 2. NO

C. IF 'YES', PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.

1. SCHOOL NAME

[illegible][illegible]

3. CITY																	4. STATE			5. ZIP CODE					
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D. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS? ☐ 1. YES, FULL TIME ☐ 2. YES, PART TIME ☐ 3. NO

G. INCOME INFORMATION (Active Family Member ONLY)

A. DO YOU HAVE ANY INCOME? ☐ 1. YES ☐ 2. NO (IF YOU CHECK 'NO', THIS FORM ACTS AS AN AFFIRMATION OF NON-INCOME)

B. <i>If you are not currently employed, did you earn income within the past 12 months?</i>	1. YES	2. NO
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C. If you have any source of income, regardless of your employment status, please indicate each income source separately below.

1. **INCOME SOURCE #1** (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> k. ANNUITY	<input type="checkbox"/> p. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> u. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> l. PUBLIC ASSISTANCE	<input type="checkbox"/> q. WORKER'S COMPENSATION	<input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> m. STIPEND	<input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP	
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE	<input type="checkbox"/> n. SELF-EMPLOYMENT	<input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT	
<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> j. PENSION	<input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> t. SOCIAL SECURITY	



<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> k. ANNUITY	<input type="checkbox"/> p. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> u. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> l. PUBLIC ASSISTANCE	<input type="checkbox"/> q. WORKER'S COMPENSATION	<input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> m. STIPEND	<input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP	
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE	<input type="checkbox"/> n. SELF-EMPLOYMENT	<input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT	
<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> j. PENSION	<input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> t. SOCIAL SECURITY	

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☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

[illegible]

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[illegible][illegible]

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9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?*	1. YES	2. NO
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10. ENTER THE TYPICAL AMOUNT(S) \$, \$, \$, \$,

THAT YOU RECEIVE.

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

A. DO YOU HAVE ANY ASSETS? ☐ 1. YES * ☐ 2. NO * 3. IF YES, PLEASE ANSWER QUESTION #B AND PROVIDE INFORMATION ABOUT EACH ASSET SEPARATELY IN THE SECTIONS BELOW.

B. ARE THE NET HOUSEHOLD ASSETS IN EXCESS OF \$5,000?	1. YES	2. NO
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When the total cash value of the family's assets exceeds \$5,000, the value of the assets will be determined based on the (1) the actual income from the assets or (2) the imputed income from the assets if the income from actual assets cannot be calculated. For further information please see attached instructions.

<input type="checkbox"/>	a. CHECKING ACCOUNT	<input type="checkbox"/>	e. LIFE INSURANCE POLICY (TERM LIFE)	<input type="checkbox"/>	h. STOCKS	<input type="checkbox"/>	k. BONDS
<input type="checkbox"/>	b. SAVINGS ACCOUNT	<input type="checkbox"/>	f. LIFE INSURANCE POLICY (WHOLE LIFE)	<input type="checkbox"/>	i. TRUST		
<input type="checkbox"/>	c. MONEY MARKET FUND/MUTUAL FUND	<input type="checkbox"/>	g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)	<input type="checkbox"/>	j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)		
<input type="checkbox"/>	d. OTHER (PLEASE SPECIFY)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?
☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE
\$, , .

1. ASSET #3: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

☐ a. CHECKING ACCOUNT ☐ e. LIFE INSURANCE POLICY (TERM LIFE) ☐ h. STOCKS ☐ k. BONDS
☐ b. SAVINGS ACCOUNT ☐ f. LIFE INSURANCE POLICY (WHOLE LIFE) ☐ i. TRUST
☐ c. MONEY MARKET FUND/MUTUAL FUND ☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO
(PROPERTY HELD AS AN INVESTMENT) ☐ j. 401K/IRA/ROTH IRA
(RETIREMENT ACCOUNT)
☐ d. OTHER (PLEASE SPECIFY)

2. CURRENT VALUE
\$, .

3. INTEREST RATE (IF APPLICABLE)

4. ANTICIPATED INCOME EARNED FROM ASSETS
\$, .

5. NAME OF FINANCIAL INSTITUTION

6. If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 18 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

7. DOES THIS PROPERTY
GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE
PROPERTY FOR THE LAST 12 MONTHS \$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

10. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY c. STATE d. ZIP CODE

11. IS THIS PROPERTY SUITABLE FOR
INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY
JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?
☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE
\$, , .

I. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs, or bank statements, to this package when returning it.

A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN
THE PAST 2 YEARS IN EXCESS OF \$1,000? ☐ 1. YES* ☐ 2. NO

*3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO,
SKIP THIS SECTION.

4. TYPE OF ASSET

5. DATE GIVEN AWAY OR SOLD

(mm/dd/yyyy)

6. SALE PRICE
\$, .

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE
\$, .



NYCHA 040.297C (Rev. 7/01/24 v7)

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PUBLIC HOUSING AFFIDAVIT OF INCOME - ACTIVE FAMILY MEMBERS

J. ACTIVE FAMILY MEMBER CERTIFICATION TO BE SIGNED BY HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER

A. The certification that you signed as part of your Annual Review reads as follows:

NOTICE: The New York City Housing Authority may ask for proof of all statements made by you and an authorization signed by all adult members of your household for the release of information. Failure to return this Affidavit or supply any additional information required by the date requested, or willful submission of incorrect information, may result in a backcharge for rent, termination of your lease and civil or criminal prosecution.

TO BE SIGNED BY AN AUTHORIZED HOUSEHOLD MEMBER:

- I/We certify that the information listed on all pages of this online form, income, net assets, and allowance and deductions is accurate and complete to the best of my knowledge and belief.

- I authorize the New York City Housing Authority to independently verify the accuracy of all information submitted, including by using the US Department of Housing and Urban Development (HUD) Enterprise Income Verification system.
- I certify that I/We have received and reviewed the Highlights of House Rules, Lease, Law and NYCHA Policy.
- I understand that providing false statements or information is punishable under Federal and local laws. I/We also understand that providing false statements or information is grounds for termination of tenancy. Further, I/We have read or have had read to me/us the above statement.

B. I certify the information given to the New York City Housing Authority on income, net family assets, and allowance and deductions is accurate and complete to the best of my knowledge and belief. I further certify all Employment Certification or statements from employers that I have submitted as part of the Affidavit of Income have been completed and signed by the employer or an authorized representative of the employer. I understand that providing false statements or information is punishable under federal and local laws. I also understand that false statements or information are grounds for termination of housing assistance. Further, I have read or someone has read to me the above statement.

NOTE: If the family member is not able to sign, just print his/her name and complete reasons for not signing, below:

1. FAMILY MEMBER PRINT NAME	<input type="text"/>
2. FAMILY MEMBER SIGNATURE	<input type="text"/>
3. SIGNATURE DATE	<input type="text"/> (mm/dd/yyyy)

C. REASONS THE FAMILY MEMBER CANNOT SIGN: If the Family Member is not able to sign, check the reason(s) that applies. You must also provide documentary proof of the reason when filing this Affidavit of Income with NYCHA.

1. The Family Member Is Not Able to Sign because he/she is:	<input type="checkbox"/> a. UNDER AGE 18	<input type="checkbox"/> b. PHYSICALLY DISABLED	<input type="checkbox"/> c. MENTALLY DISABLED	<input type="checkbox"/> d. TRAVELING OUT OF THE CITY
2. Temporarily residing out of the NYCHA apartment at:	<input type="checkbox"/> a. HOSPITAL	<input type="checkbox"/> b. AN ALTERNATE CARE/ REHABILITATION FACILITY	<input type="checkbox"/> c. OUT OF TOWN COLLEGE	<input type="checkbox"/> d. INCARCERATED IN JAIL/PRISON
	<input type="checkbox"/> e. IN MILITARY SERVICE	<input type="checkbox"/> f. OTHER	<input type="text"/>	

NOTE: If the family member moved out of the NYCHA apartment, notify NYCHA in the head of household's Public Housing Affidavit of Income (NYCHA form 040.297), Section P0. Household Composition. To remove a family member check the "Remove" box next to his or her name, fill in his/her Move Out Date, and submit proof that the person no longer lives in your apartment.

If the family member is removed from your household, this Public Housing Affidavit of Income - Active Family Members (NYCHA form 040.297C) is not required.

D. If the family member is under 18, the head of household must also sign and date this Form below.

1. HEAD OF HOUSEHOLD PRINT NAME	<input type="text"/>
2. HEAD OF HOUSEHOLD SIGNATURE	<input type="text"/>
3. SIGNATURE DATE	<input type="text"/> (mm/dd/yyyy)

k. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.



Instructions for Completing the Affidavit of Income	
PERSONAL INFORMATION	<p>Please confirm that your information is correct. If there are any errors, please visit your Management Office.</p> <p>You should provide NYCHA with current contact information and select the best option to reach you. Include your telephone number, such as Home, Work, and/ or Cellphone number and Email address if you have one.</p> <p>Indicate your sex, ethnicity, race, and disability status.</p> <p>Indicate your current citizenship status. If you are not a citizen, please provide your Alien Registration # or I-94#. If there is any change to your citizenship status, you must provide proof of your status.</p>
STUDENT STATUS	<p>Indicate if you attend a college, university, or vocational training school. If you attend school full-time or part-time, enter the date you started school.</p> <p>Anyone in the apartment 18 years or older must provide a current enrollment letter from the school as proof of full-time or part-time student status.</p> <p>Documentation of funds provided to a member such as grants, scholarships, financial aide must be submitted.</p>
SELF-SUFFICIENCY PROGRAM	<p>You must answer YES or NO. If any employed household member is participating in an Economic Self-Sufficiency or other job-program(s). If yes, you must provide Last and First name of household member(s) and the program name and program type.</p>
INCOME	<p>You must answer YES or NO. If no, you do not need to supply additional documents. If yes, please select the appropriate source of current income you receive.</p> <p>Each type of income source must be listed separately. For each income source, indicate the source, the amount, the start date, the frequency (weekly, monthly, bi-weekly, semi-monthly, seasonally, infrequently or annually), and the name and address of your income source.</p> <p>NOTE: You must answer this question for the head of household and each authorized family member.</p>
EMPLOYMENT	<p>If employed, include current income received from wages, tips, commission and gratuities, bonuses, and commission.</p> <p>Submit the “Income Summary of Earnings Statements” (NYCHA Form 040.013 - enclosed).</p> <p>If employed, include current income received from wages, tips, commission and gratuities, bonuses, and commission.</p> <p>NOTE: New York City employees (including NYCHA employees), except those employed by the Metropolitan Transportation Authority (MTA) or Health and Hospitals Corporation (HHC), are not required to submit an Employer’s Certificate, since their payroll data is obtained electronically.</p>
PENSION/ANNUITY	<p>If you indicate Pension/Annuity as a source of income, attach a copy of the most recent statement or award letter.</p>
UNEMPLOYMENT INSURANCE	<p>If you indicate Unemployment Insurance as a source of income, you must attach documentation and/or Affidavit showing proof of unemployment benefits.</p>
SOCIAL SECURITY & SSI INCOME	<p>If you indicate Social Security & SSI as a source of income, you must attach a copy of the Social Security/SSI Award letter. Create your own Social Security account for free by going online to <i>socialsecurity.gov</i> and obtain benefit verification (award) letters.</p>
DISABILITY BENEFIT INCOME	<p>For Disability Benefit Income other than from Social Security & SSI: provide a document verifying the income amount. The document must be from the source of the funds, such as NY State Disability or the Veteran’s Administration (VA).</p>
ADOPTION/FOSTER CARE	<p>If you indicate Adoption/Foster Care as a source of income, you must submit copies or proof of the subsidy payment(s) for all child(ren).</p>

WORKERS' COMPENSATION	If you indicate Workers' Compensation as a source of income, you must attach a copy of the latest compensation statement or a copy of a current check.
SELF-EMPLOYMENT	If you are self-employed or own a business, you must complete and sign the "Income: Own Business Certificate of Income" (NYCHA Form# 040.044) and submit a copy of the form.
INCOME FROM CONTRIBUTIONS (INCLUDING CHILD SUPPORT & ALIMONY)	For anyone receiving contributions of money, you must complete the "Third Party Verification of Contributions-Support/Alimony" (NYCHA Form# 040.584) . The form must state the amount of the contributions and be signed by the contributor(s).
MILITARY INCOME	Please provide military allotment income information. List the amount of military allotment received, branch of service, payroll address, and telephone number. Please attach copy of documentation to Affidavit.
ASSET INFORMATION	<p>You must answer YES or NO.</p> <p>If yes, please select the appropriate type of asset. Please provide information about each Asset separately.</p> <p>If you have assets valued over \$5,000, enter the source, the current value, the interest rate (if applicable), and interest earned from assets in the past 12 months. Submit a copy of current bank statement, IRA, Trust Funds or any other financial institution.</p> <p>NOTE: You must answer this question for the head of household and each authorized family member.</p>
REAL ESTATE/HOUSE/CO-OP OR CONDO ASSETS	<p>If you indicate Real Estate/House/Co-op or Condo Assets, please indicate percentage owned and property income earned in the last 12 months.</p> <p>You must submit a signed statement for each property that shows the following information: Type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans, including name of the lender, current value and income, if any, for the past year. You must also submit a copy of the IRS 1099 Form or a copy of the previous year's income tax return.</p>
DISPOSITION OF ASSETS	If you disposed of any assets within the last two (2) years valued over \$1,000, you must complete and sign the "Disposition of Assets Notice" (NYCHA Form 040.694) and submit a copy of the form.
MILITARY SERVICE	If any household members (including the head of household) are in the military or dependent on someone in the military, indicate the household member's name, location, and military dependent.
CHILD CARE EXPENSES	<p>If there are children under 13 years of age in your household for whom you have unreimbursed childcare expenses, answer YES. Otherwise, answer NO.</p> <p>If you answered YES, enter the full name of the child for whom you have childcare expenses, the total amount of their child care expenses, the frequency, the total amount of childcare expenses that are reimbursed to you, the frequency of the reimbursement, and the name, full address, and telephone number of the childcare provider. You must also submit a statement from the Child Care Provider.</p>
MEDICAL/HEALTH CARE EXPENSE	<p>If you or your spouse is disabled or at least 62 years of age, answer YES. Otherwise, answer NO.</p> <p>NOTE:Unreimbursed medical expenses may be deducted if you or your spouse is (1) 62 years of age or older or (2) disabled/handicapped.</p> <p>Please provide the full name of the person for whom you have out-of-pocket medical or disability expenses, the type of medical or disability expense, the amount of the expense, the frequency, and the estimated amount of medical or disability expenses for the next 12 months.</p>

<p>DISABILITY EXPENSES</p>	<p>Unreimbursed disability assistance expenses may be deducted to cover attendant care and/or auxiliary apparatus expenses for any family member who is a person with disabilities if they are required for the disabled person or other member to work.</p> <p>Please provide the full name of the person for whom you have out-of-pocket disability expenses, the type of disability expense the amount of the expense, the frequency, and the estimated amount of medical or disability expenses for the next 12 months.</p>
<p>PETS & SERVICE ANIMALS</p>	<p>You must answer YES or NO to all the questions.</p> <p>NOTE: Residents are required to register their cat, dog, assistance animal, and service animal in accordance with NYCHA policy. Please contact your Property Management Office to register your cat, dog, assistance animal, or service animal; or to obtain additional information.</p> <p>A DOG OR CAT THAT IS NOT REGISTERED IS PROHIBITED AND MAY NOT RESIDE IN OR VISIT A NYCHA APARTMENT.</p>
<p>SEX OFFENDER REGISTRATION</p>	<p>You must answer YES or NO. If yes, provide name of all household member(s) registered as a Lifetime sex offender in any state and the State requiring the registration. If no, skip this section.</p>
<p>LEAD-BASED PAINT, WINDOW GUARD, AND STOVE KNOB COVER SURVEY</p>	<p>New York City law requires that you inform NYCHA whether a child 5 years or younger lives in and/or routinely spends 10 or more hours each week in your apartment. This information determines NYCHA's next steps for taking protective measures if there is lead-based paint in the apartment.</p> <p>NYCHA must provide stove knob covers if a child 5 years or younger lives in your apartment and you request them.</p> <p>If a child 10 years or younger lives with you, window guards must also be installed. You can request window guards even if no children live with you.</p>
<p>FAMILY COMPOSITION</p>	<p>This section provides a list of all household members associated with your apartment. Verify and confirm that all the information is correct for each household member. If there are any errors, please visit your management office.</p> <p>Check the "Remove" box next to the name of the person(s) you wish to remove a person from your household.</p> <p>If you would like to add a person to your household, complete attached form "Request to Add a New Household Member (Permanent/Temporary)" NYCHA Form # 040.297D) to request permission from Property Management.</p>
<p>TENANT SIGNATURE CERTIFICATION SIGNATURE OF LESSEE (AND CO-LESSEE)</p>	<p>The person(s) who signed the original lease must sign and date the completed "Public Housing Affidavit of Income Annual Recertification" (NYCHA Form# 040.297).</p> <p><u>Failure to sign and submit the Affidavit will delay or result in termination of your lease.</u></p>

If you have questions, need additional forms or help completing these forms, call or visit your Property Management Office.

E. ACCESS & FUNCTIONAL NEEDS STATUS (Active Family Member ONLY)

- A. DO YOU HAVE ACCESS AND/OR FUNCTIONAL NEED(S)? ☐ 1. YES * ☐ 2. NO * IF YES, PLEASE COMPLETE THE QUESTIONS BELOW.
- B. DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A REASONABLE ACCOMMODATION(S)? ☐ 1. YES * ☐ 2. NO * IF YES, REASONABLE ACCOMMODATION FORMS WILL BE MAILED TO YOU FOR COMPLETION.
- C. ACCESS AND/ OR FUNCTIONAL NEED(S) * IF MOBILITY IMPAIRED IS CHECKED, PLEASE SELECT THE APPLICABLE ITEM FROM A THROUGH F BELOW:
- | | | | | | | |
|---|---|--|---|--|---------------------------------------|---|
| <input type="checkbox"/> 1. MOBILITY* IMPAIRED: | <input type="checkbox"/> a. MANUAL WHEELCHAIR | <input type="checkbox"/> b. ELECTRIC WHEEL-CHAIR/ SCOOTER | <input type="checkbox"/> c. HOYER LIFT | <input type="checkbox"/> d. CANE/ WALKER | <input type="checkbox"/> e. BED-BOUND | <input type="checkbox"/> f. OTHER MOBILITY DEVICE |
| <input type="checkbox"/> 2. VISION IMPAIRED | <input type="checkbox"/> 3. HEARING IMPAIRED | <input type="checkbox"/> 4. MENTAL OR COGNITIVE IMPAIRMENT | <input type="checkbox"/> 5. RESPIRATORY ILLNESS | <input type="checkbox"/> 6. OTHER IMPAIRMENT | | |
- D. DO YOU REQUIRE LIFE SUSTAINING EQUIPMENT? ☐ 1. YES * IF YES, CHECK ALL THAT APPLY ☐ 2. NO
- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> 1. OXYGEN TANK/ OXYGEN CONCENTRATOR | <input type="checkbox"/> 2. DIALYSIS EQUIPMENT | <input type="checkbox"/> 3. DEFIBRILLATOR | <input type="checkbox"/> 4. MEDICAL VENTILATOR/ RESPIRATOR | <input type="checkbox"/> 5. SUCTION/ ASPIRATION DEVICE |
| <input type="checkbox"/> 6. NEBULIZER | <input type="checkbox"/> 7. APNEA MONITOR/ CPAP MASK | <input type="checkbox"/> 8. ARTIFICIAL NUTRITION AND HYDRATION DEVICE | <input type="checkbox"/> 9. OTHER | |
- E. DO YOU HAVE A SERVICE OR A SUPPORT ANIMAL IN YOUR APARTMENT? ☐ 1. YES ☐ 2. NO
- F. OPTIONAL QUESTIONS
- If this household member needs assistance in the event of an emergency, it is advisable to answer the following questions:
- | | | |
|---|---------------------------------|--------------------------------|
| 1. IF MEDICAL OR LIFE SUSTAINING EQUIPMENT IS USED, DOES THE EQUIPMENT REQUIRE ELECTRICITY? | <input type="checkbox"/> a. YES | <input type="checkbox"/> b. NO |
| 2. DOES THE HOUSEHOLD MEMBER NEED ASSISTANCE LEAVING THE BUILDING IF THE ELEVATOR SERVICE IS OUT? | <input type="checkbox"/> a. YES | <input type="checkbox"/> b. NO |
| 3. DOES THE HOUSEHOLD MEMBER RECEIVE HOME BASED CARE? | <input type="checkbox"/> a. YES | <input type="checkbox"/> b. NO |

F. EDUCATION

- A. DO YOU CURRENTLY ATTEND SCHOOL (COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING)?
You must provide a current enrollment letter from a school as proof of full-time or part-time student status with this Affidavit.
- ☐ 1. YES, FULL-TIME ☐ 2. YES, PART-TIME ☐ 3. NO 4. START DATE:
(mm/dd/yyyy)
- B. DO YOU RECEIVE GRANTS, SCHOLARSHIPS, FINANCIAL AID (YOU MUST SUBMIT A COPY OF YOUR TUITION BILL AND AWARDS)? ☐ 1. YES ☐ 2. NO
- C. IF 'YES', PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.
1. SCHOOL NAME
2. ADDRESS
3. CITY 4. STATE 5. ZIP CODE
- D. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS? ☐ 1. YES, FULL TIME ☐ 2. YES, PART TIME ☐ 3. NO

G. INCOME INFORMATION (Active Family Member ONLY)

- A. DO YOU HAVE ANY INCOME? ☐ 1. YES ☐ 2. NO (IF YOU CHECK 'NO', THIS FORM ACTS AS AN AFFIRMATION OF NON-INCOME)
- B. If you are not currently employed, did you earn income within the past 12 months? ☐ 1. YES ☐ 2. NO
- C. If you have any source of income, regardless of your employment status, please indicate each income source separately below.
1. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)
- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> a. ADOPTION | <input type="checkbox"/> f. EMPLOYMENT (WAGES) | <input type="checkbox"/> k. ANNUITY | <input type="checkbox"/> p. UNEMPLOYMENT INSURANCE | <input type="checkbox"/> u. SOCIAL SECURITY DISABILITY |
| <input type="checkbox"/> b. FOSTER CARE | <input type="checkbox"/> g. MILITARY PAY | <input type="checkbox"/> l. PUBLIC ASSISTANCE | <input type="checkbox"/> q. WORKER'S COMPENSATION | <input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT |
| <input type="checkbox"/> c. CHILD SUPPORT | <input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS | <input type="checkbox"/> m. STIPEND | <input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP | |
| <input type="checkbox"/> d. ALIMONY | <input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE | <input type="checkbox"/> n. SELF-EMPLOYMENT | <input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT | |
| <input type="checkbox"/> e. CONTRIBUTIONS | <input type="checkbox"/> j. PENSION | <input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> t. SOCIAL SECURITY | |



1. INCOME SOURCE #3 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> k. ANNUITY	<input type="checkbox"/> p. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> u. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> l. PUBLIC ASSISTANCE	<input type="checkbox"/> q. WORKER'S COMPENSATION	<input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> m. STIPEND	<input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP	
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE	<input type="checkbox"/> n. SELF-EMPLOYMENT	<input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT	
<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> j. PENSION	<input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> t. SOCIAL SECURITY	

2. START DATE 3. END DATE 4. TOTAL INCOME

\$, .

(mm/dd/yyyy) *(mm/dd/yyyy)*

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #3															7. TELEPHONE NUMBER									

8. ADDRESS

a. CITY

 b. STATE

 c. ZIP CODE

If your Employment rate of pay is Weekly or Seasonally, please complete questions 9 – 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?* ☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) \$, \$, \$, \$,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

H. ASSET INFORMATION (Active Family Member ONLY)

A. DO YOU HAVE ANY ASSETS? ☐ 1. YES * ☐ 2. NO * 3. IF YES, PLEASE ANSWER QUESTION #B AND PROVIDE INFORMATION ABOUT EACH ASSET SEPARATELY IN THE SECTIONS BELOW.

B. ARE THE NET HOUSEHOLD ASSETS IN EXCESS OF \$5,000? ☐ 1. YES ☐ 2. NO

C. CALCULATION OF INCOME FROM ASSETS

When the total cash value of the family's assets exceeds \$5,000, the value of the assets will be determined based on the (1) the actual income from the assets or (2) the imputed income from the assets if the income from actual assets cannot be calculated. For further information please see attached instructions.

1. ASSET #1: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

[illegible][illegible]

7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS \$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY?	a. YES	b. NO
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[illegible][illegible]

c. STATE		d. ZIP CODE				
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11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?

[illegible]

18. PROPERTY CURRENT VALUE

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<input type="checkbox"/> a. CHECKING ACCOUNT	<input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE)	<input type="checkbox"/> h. STOCKS	<input type="checkbox"/> k. BONDS
<input type="checkbox"/> b. SAVINGS ACCOUNT	<input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE)	<input type="checkbox"/> i. TRUST	
<input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND	<input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)	<input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)	
<input type="checkbox"/> d. OTHER (PLEASE SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CURRENT VALUE

\$, .

3. INTEREST RATE (IF APPLICABLE)

4. ANTICIPATED INCOME EARNED FROM ASSETS

\$

7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS \$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY?	a. YES	b. NO
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[illegible][illegible]

c. STATE		d. ZIP CODE				
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11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO



14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE

\$, , .

1. ASSET #3: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

☐ a. CHECKING ACCOUNT

☐ e. LIFE INSURANCE POLICY (TERM LIFE)

☐ h. STOCKS

☐ k. BONDS

☐ b. SAVINGS ACCOUNT

☐ f. LIFE INSURANCE POLICY (WHOLE LIFE)

☐ i. TRUST

☐ c. MONEY MARKET FUND/MUTUAL FUND

☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO
(PROPERTY HELD AS AN INVESTMENT)

☐ j. 401K/IRA/ROTH IRA
(RETIREMENT ACCOUNT)

☐ d. OTHER (PLEASE SPECIFY)

2. CURRENT VALUE

\$, .

3. INTEREST RATE (IF APPLICABLE)

4. ANTICIPATED INCOME EARNED FROM ASSETS

\$, .

5. NAME OF FINANCIAL INSTITUTION

6. If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 18 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

7. DOES THIS PROPERTY
GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE
PROPERTY FOR THE LAST 12 MONTHS

\$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY?

☐ a. YES ☐ b. NO

10. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY

c. STATE

d. ZIP CODE

11. IS THIS PROPERTY SUITABLE FOR
INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY
JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD?

☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE

\$, , .

I. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs, or bank statements, to this package when returning it.

A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN
THE PAST 2 YEARS IN EXCESS OF \$1,000?

☐ 1. YES * ☐ 2. NO

*3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO,
SKIP THIS SECTION.

4. TYPE OF ASSET

5. DATE GIVEN AWAY OR SOLD

(mm/dd/yyyy)

6. SALE PRICE

\$, .

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE

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NYCHA 040.297C (Rev. 7/01/24 v7)

6 of 7

PUBLIC HOUSING AFFIDAVIT OF INCOME - ACTIVE FAMILY MEMBERS

NYCHA Form 040.297D REQUEST TO ADD NEW FAMILY MEMBER (PERMANENT/TEMPORARY/CONDITIONAL)

NEW YORK CITY HOUSING AUTHORITY PUBLIC HOUSING

A. REQUEST TO ADD A NEW HOUSEHOLD MEMBER (PERMANENT/TEMPORARY/CONDITIONAL)

1. NAME 2. RESIDENT ADDRESS	3. ACCOUNT NUMBER 4. CASE NUMBER 5. ANNUAL REVIEW QUARTER 6. DUE DATE
B. RULES ABOUT REQUESTS TO ADD A NEW HOUSEHOLD MEMBER	

A. Note To Tenant: Only authorized household members are allowed to reside in your apartment. If you want to add a new household member you must request permission by completing and submitting this form and the Consent for Criminal Records form, along with any needed documentation, to the Property Management office or online. Use one form per person.

Permission requests must be made by (1) the tenant (lessee), (2) in current occupancy; and (3) in good standing. The proposed new household member must be eligible based on NYCHA standards for occupancy and desirability (including passing a criminal background check for persons age 16 and older). No one becomes authorized to reside in your household unless and until the Property Manager grants permission in WRITING. If permission is not granted (disapproved), you may request a grievance hearing to review the Property Manager's decision.

Types of Permission:

Permanent Permission: Complete ALL sections below. If permanent permission is granted, the additional person's income will be included in the rent-income calculation and your rent will be adjusted accordingly. After your tenancy ends, a person with permanent permission who resided continuously in the apartment (for at least one year) might have succession or remaining family member rights.

PERMITTED PERSONS: A formerly authorized occupant who moved out of the household and seeks permission to rejoin the household, or one of the following: (a) Family Growth: a person born to, adopted by or the ward (under the legal custody/guardianship) of the tenant or an authorized permanent household member while the household member resides in the apartment, (b) the tenant's: spouse or domestic partner and their minor children, or (c) the tenant's: child, stepchild, parent, step-parent, sibling (including half-brother/sister), grandparent, grandchild, son-in-law, daughter-in-law, father-in-law, mother-in-law.

Temporary Permission: Complete ALL sections below **EXCEPT Sections G and H (income or asset information)**. If temporary permission is granted, the income of the added person is not counted toward the rent. Temporary permission is for a limited time period (usually one year). **After your tenancy ends, the temporary permission ends, and the person has no succession or remaining family member rights.** **PERMITTED PERSONS:** Relatives or good friends of the tenant, foster children or caregivers / home care attendants.

Conditional Permission: Complete ALL sections below. If conditional permission is granted, the additional person's income will be included in the rent-income calculation and your rent will be adjusted accordingly. Conditional permission can continue until the need for guardianship of the ward ends.

Household members with conditional permission have no succession or remaining family member rights.

B. Please complete the section(s) below to request the addition of a new household family member.

C. TYPE OF PERMISSION REQUESTED: ☐ 1. PERMANENT ☐ 2. TEMPORARY ☐ 3. CONDITIONAL

D. Relationship Codes:	01 Head	1A Co-Head	02 Spouse/Domestic Partner	03 Grandparent	04 Child	05 Grandchild
	06 Parent	07 Foster Child	08 Sibling	09 Other Minor	10 Other Adult	11 Live-In Aide
						12 Live-In Guardian

E. PROPOSED NEW HOUSEHOLD MEMBER

1. LAST NAME			2. FIRST NAME			3. MIDDLE NAME		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
4. SOCIAL SECURITY NUMBER			5. RELATIONSHIP CODE			6. DATE OF BIRTH		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
						(mm/dd/yyyy)		
7. CURRENT ADDRESS OF PROPOSED MEMBER								
<div style="border: 1px solid black; height: 20px;"></div>								
8. CITY				9. STATE		10. ZIP CODE		
<div style="border: 1px solid black; height: 20px;"></div>				<div style="border: 1px solid black; height: 20px;"></div>		<div style="border: 1px solid black; height: 20px;"></div>		

11. SEX <input type="checkbox"/> a. MALE <input type="checkbox"/> c. NON-BINARY <input type="checkbox"/> b. FEMALE	12. ETHNICITY <input type="checkbox"/> a. HISPANIC OR LATINO <input type="checkbox"/> b. NOT HISPANIC OR LATINO	13. RACE <input type="checkbox"/> a. WHITE <input type="checkbox"/> c. AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> e. ASIAN <input type="checkbox"/> b. BLACK/ AFRICAN AMERICAN <input type="checkbox"/> d. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	14. DISABILITY <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
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1 of 7

NYCHA 040.297D (Rev. 7/5/24)v10

REQUEST TO ADD A NEW HOUSEHOLD MEMBER (PERMANENT/TEMPORARY/CONDITIONAL)_OL

15. INDICATE YOUR CITIZENSHIP STATUS:

If you have not already done so and if you are a Non-Citizen that has eligible immigration status, you must submit documentation to prove that status with this Affidavit.

☐ a. U.S. CITIZEN ☐ b. INELIGIBLE NON-CITIZEN ☐ c. NON-CITIZEN WITH ELIGIBLE STATUS
PLEASE PROVIDE ALIEN REGISTRATION # - OR - I-94 #.

C. SEX OFFENDER REGISTRATION

A. HAVE YOU BEEN REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE? ☐ 1. YES* ☐ 2. NO

*B. IF YES, PLEASE PROVIDE THE NAME OF THE STATE REQUIRING REGISTRATION. IF NO, SKIP THIS SECTION.

D. SELF-SUFFICIENCY PROGRAM

1. ARE YOU EMPLOYED AND PARTICIPATING IN AN ECONOMIC SELF-SUFFICIENCY OR OTHER JOB PROGRAM? ☐ a. YES ☐ b. NO

2. IF 'YES', PLEASE PROVIDE PROGRAM NAME AND PROGRAM TYPE.

a. PROGRAM NAME

b. PROGRAM TYPE

E. ACCESS & FUNCTIONAL NEEDS STATUS (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ACCESS AND/OR FUNCTIONAL NEED(S)? ☐ 1. YES * ☐ 2. NO * IF YES, PLEASE COMPLETE THE QUESTIONS BELOW.

B. DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A REASONABLE ACCOMMODATION(S)? ☐ 1. YES ☐ 2. NO

C. ACCESS AND/ OR FUNCTIONAL NEED(S) * IF MOBILITY IMPAIRED IS CHECKED, PLEASE SELECT THE APPLICABLE ITEM FROM A THROUGH F BELOW:

☐ 1. MOBILITY* IMPAIRED: ☐ a. MANUAL WHEELCHAIR ☐ b. ELECTRIC WHEEL-CHAIR/ SCOOTER ☐ c. HOYER LIFT ☐ d. CANE/ WALKER ☐ e. BED-BOUND ☐ f. OTHER MOBILITY DEVICE
☐ 2. VISION IMPAIRED ☐ 3. HEARING IMPAIRED ☐ 4. MENTAL OR COGNITIVE IMPAIRMENT ☐ 5. RESPIRATORY ILLNESS ☐ 6. OTHER IMPAIRMENT

D. DO YOU REQUIRE LIFE SUSTAINING EQUIPMENT? ☐ 1. YES * IF YES, CHECK ALL THAT APPLY ☐ 2. NO

☐ 1. OXYGEN TANK/ OXYGEN CONCENTRATOR ☐ 2. DIALYSIS EQUIPMENT ☐ 3. DEFIBRILLATOR ☐ 4. MEDICAL VENTILATOR/ RESPIRATOR ☐ 5. SUCTION/ ASPIRATION DEVICE
☐ 6. NEBULIZER ☐ 7. APNEA MONITOR/ CPAP MASK ☐ 8. ARTIFICIAL NUTRITION AND HYDRATION DEVICE ☐ 9. OTHER

E. DO YOU HAVE A SERVICE OR A SUPPORT ANIMAL IN YOUR APARTMENT? ☐ 1. YES ☐ 2. NO

F. OPTIONAL QUESTIONS

If this household member needs assistance in the event of an emergency, it is advisable to answer the following questions:

1. IF MEDICAL OR LIFE SUSTAINING EQUIPMENT IS USED, DOES THE EQUIPMENT REQUIRE ELECTRICITY? ☐ a. YES ☐ b. NO
2. DOES THE HOUSEHOLD MEMBER NEED ASSISTANCE LEAVING THE BUILDING IF THE ELEVATOR SERVICE IS OUT? ☐ a. YES ☐ b. NO
3. DOES THE HOUSEHOLD MEMBER RECEIVE HOME BASED CARE? ☐ a. YES ☐ b. NO

F. EDUCATION

A. DO YOU CURRENTLY ATTEND SCHOOL (COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING)?

You must provide a current enrollment letter from a school as proof of full-time or part-time student status with this Affidavit.

☐ 1. YES, FULL-TIME ☐ 2. YES, PART-TIME ☐ 3. NO 4. START DATE: (mm/dd/yyyy)

B. DO YOU RECEIVE GRANTS, SCHOLARSHIPS, FINANCIAL AID (YOU MUST SUBMIT A COPY OF YOUR TUITION BILL AND AWARDS)?

☐ 1. YES ☐ 2. NO

C. IF 'YES', PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.

1. SCHOOL NAME

2. ADDRESS

3. CITY 4. STATE 5. ZIP CODE



C. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS? ☐ 1. YES, FULL TIME ☐ 2. YES, PART TIME ☐ 3. NO

G. INCOME INFORMATION (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ANY INCOME? ☐ 1. YES ☐ 2. NO (IF YOU CHECK 'NO', THIS FORM ACTS AS AN AFFIRMATION OF NON-INCOME)

B. If you are not currently employed, did you earn income within the past 12 months? ☐ 1. YES ☐ 2. NO

C. If you have any source of income, regardless of your employment status, please indicate each income source separately below.

1. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> a. ADOPTION | <input type="checkbox"/> f. EMPLOYMENT (WAGES) | <input type="checkbox"/> k. ANNUITY | <input type="checkbox"/> p. UNEMPLOYMENT INSURANCE | <input type="checkbox"/> u. SOCIAL SECURITY DISABILITY |
| <input type="checkbox"/> b. FOSTER CARE | <input type="checkbox"/> g. MILITARY PAY | <input type="checkbox"/> l. PUBLIC ASSISTANCE | <input type="checkbox"/> q. WORKER'S COMPENSATION | <input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT |
| <input type="checkbox"/> c. CHILD SUPPORT | <input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS | <input type="checkbox"/> m. STIPEND | <input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP | |
| <input type="checkbox"/> d. ALIMONY | <input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE | <input type="checkbox"/> n. SELF-EMPLOYMENT | <input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT | |
| <input type="checkbox"/> e. CONTRIBUTIONS | <input type="checkbox"/> j. PENSION | <input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> t. SOCIAL SECURITY | |

2. START DATE (mm/dd/yyyy) 3. END DATE (mm/dd/yyyy) 4. TOTAL INCOME \$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #1

7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If your Employment rate of pay is Weekly or Seasonally, please complete questions 9 – 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?* ☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. \$, \$, \$, \$,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

1. INCOME SOURCE #2 (PLEASE SELECT ONLY ONE INCOME SOURCE)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> a. ADOPTION | <input type="checkbox"/> f. EMPLOYMENT (WAGES) | <input type="checkbox"/> k. ANNUITY | <input type="checkbox"/> p. UNEMPLOYMENT INSURANCE | <input type="checkbox"/> u. SOCIAL SECURITY DISABILITY |
| <input type="checkbox"/> b. FOSTER CARE | <input type="checkbox"/> g. MILITARY PAY | <input type="checkbox"/> l. PUBLIC ASSISTANCE | <input type="checkbox"/> q. WORKER'S COMPENSATION | <input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT |
| <input type="checkbox"/> c. CHILD SUPPORT | <input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS | <input type="checkbox"/> m. STIPEND | <input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP | |
| <input type="checkbox"/> d. ALIMONY | <input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE | <input type="checkbox"/> n. SELF-EMPLOYMENT | <input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT | |
| <input type="checkbox"/> e. CONTRIBUTIONS | <input type="checkbox"/> j. PENSION | <input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME | <input type="checkbox"/> t. SOCIAL SECURITY | |

2. START DATE (mm/dd/yyyy) 3. END DATE (mm/dd/yyyy) 4. TOTAL INCOME \$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #2

7. TELEPHONE NUMBER



8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If your Employment rate of pay is Weekly or Seasonally, please complete questions 9 – 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?* ☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. \$, \$, \$, \$,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

1. INCOME SOURCE #3 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> k. ANNUITY	<input type="checkbox"/> p. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> u. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> l. PUBLIC ASSISTANCE	<input type="checkbox"/> q. WORKER'S COMPENSATION	<input type="checkbox"/> v. SOCIAL SECURITY RETIREMENT
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> m. STIPEND	<input type="checkbox"/> r. STATE SUPPLEMENTAL PROGRAM/SSP	
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> i. VETERAN'S AID & ASSISTANCE	<input type="checkbox"/> n. SELF-EMPLOYMENT	<input type="checkbox"/> s. SOCIAL SECURITY SURVIVOR'S BENEFIT	
<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> j. PENSION	<input type="checkbox"/> o. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> t. SOCIAL SECURITY	

2. START DATE (mm/dd/yyyy) 3. END DATE (mm/dd/yyyy) 4. TOTAL INCOME \$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #3

7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If your Employment rate of pay is Weekly or Seasonally, please complete questions 9 – 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN \$100 DOLLARS)?* ☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. \$, \$, \$, \$,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

H. ASSET INFORMATION (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ANY ASSETS? ☐ 1. YES * ☐ 2. NO * 3. IF YES, PLEASE ANSWER QUESTION #B AND PROVIDE INFORMATION ABOUT EACH ASSET SEPARATELY IN THE SECTIONS BELOW.

B. ARE THE NET HOUSEHOLD ASSETS IN EXCESS OF \$5,000? ☐ 1. YES ☐ 2. NO

C. CALCULATION OF INCOME FROM ASSETS

If the total cash value of the household's assets exceeds \$5,000, the annual income generated from these assets will be determined based on the greater of (1) the actual income from the assets, or (2) the imputed income from the assets. For further explanation please see instructions.

1. ASSET #1: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

<input type="checkbox"/> a. CHECKING ACCOUNT	<input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE)	<input type="checkbox"/> h. STOCKS	<input type="checkbox"/> k. BONDS
<input type="checkbox"/> b. SAVINGS ACCOUNT	<input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE)	<input type="checkbox"/> i. TRUST	
<input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND	<input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO	<input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)	
<input type="checkbox"/> d. OTHER (PLEASE SPECIFY) <input type="text"/>			



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7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

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a. YES	b. NO
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[illegible][illegible]

c. STATE		d. ZIP CODE				
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11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED			
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15. IS THE JOINT PROPERTY OWNER
A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS
REAL ESTATE OR PROPERTY?

[illegible]

18. PROPERTY CURRENT VALUE

\$, , .

<input type="checkbox"/>	a. CHECKING ACCOUNT	<input type="checkbox"/>	e. LIFE INSURANCE POLICY (TERM LIFE)	<input type="checkbox"/>	h. STOCKS	<input type="checkbox"/>	k. BONDS
<input type="checkbox"/>	b. SAVINGS ACCOUNT	<input type="checkbox"/>	f. LIFE INSURANCE POLICY (WHOLE LIFE)	<input type="checkbox"/>	i. TRUST		
<input type="checkbox"/>	c. MONEY MARKET FUND/MUTUAL FUND	<input type="checkbox"/>	g. REAL ESTATE, HOUSE, CO-OP, OR CONDO	<input type="checkbox"/>	j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)		
<input type="checkbox"/>	d. OTHER (PLEASE SPECIFY)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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[illegible]

7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

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a. YES	b. NO
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[illegible][illegible]

c. STATE		d. ZIP CODE				
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11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)



13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROEPRTY CURRENT VALUE

\$, , .

1. ASSET #3: (PLEASE SELECT ONLY ONE TYPE OF ASSET)

☐ a. CHECKING ACCOUNT

☐ e. LIFE INSURANCE POLICY (TERM LIFE)

☐ h. STOCKS

☐ k. BONDS

☐ b. SAVINGS ACCOUNT

☐ f. LIFE INSURANCE POLICY (WHOLE LIFE)

☐ i. TRUST

☐ c. MONEY MARKET FUND/MUTUAL FUND

☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO

☐ j. 401K/IRA/ROTH IRA
(RETIREMENT ACCOUNT)

☐ d. OTHER (PLEASE SPECIFY)

2. CURRENT VALUE

\$, .

3. INTEREST RATE (IF APPLICABLE)

4. ANTICIPATED INCOME EARNED FROM ASSETS

\$, .

5. NAME OF FINANCIAL INSTITUTION

6. If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 18 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

7. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

8. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS

\$, .

9. IS THIS PROPERTY SUITABLE FOR OCCUPANCY?

☐ a. YES ☐ b. NO

10. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY

c. STATE

d. ZIP CODE

11. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES?

☐ a. YES ☐ b. NO

12. HOW LARGE IS THE PROPERTY
(NUMBER OF BEDROOMS)

13. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

14. PERCENT (%) OWNED

15. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD?

☐ a. YES ☐ b. NO

16. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

17. DATE SOLD

(mm/dd/yyyy)

18. PROPERTY CURRENT VALUE

\$, , .

D. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs, or bank statements, to this package when returning it.

A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN THE PAST 2 YEARS IN EXCESS OF \$1,000?

☐ 1. YES* ☐ 2. NO

*3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO, SKIP THIS SECTION.

4. TYPE OF ASSET

5. DATE GIVEN AWAY OR SOLD

(mm/dd/yyyy)

6. SALE PRICE

\$, .

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE

\$, .



NOTICE: The New York City Housing Authority may ask for proof of all statements made and an authorization signed by the adult proposed new household member for the release of information. Failure to supply any additional information required by the date requested, or willful submission of incorrect information, may result in a denial of the permission request, back charge for rent, termination of your tenancy and civil or criminal prosecution.

- I/We certify that the information listed on all pages of this form, including income, net assets, and allowance and deductions is accurate and complete to the best of my/our knowledge and belief.
- I/We certify all Employment Certification or statements from employers that I have submitted have been completed and signed by the employer or an authorized representative of the employer.
- I/We authorize the New York City Housing Authority to independently verify the accuracy of all information submitted, including by using the US Department of Housing and Urban Development (HUD) Enterprise Income Verification system.
- I/We certify that the proposed new household member will use this apartment solely as a residence.
- I/We certify that I/We have received and reviewed the Highlights of House Rules, Lease, Law and NYCHA Policy and understand that the additional person will be subject to the same conditions of behavior and residence as the rest of my family.
- I/We consent that law enforcement agencies may give criminal conviction records about me to the New York City Housing Authority (NYCHA) and also for NYCHA to obtain criminal conviction records from any law enforcement agencies.
- I/We understand that providing false statements or information is punishable under Federal and local laws. I/We also understand that providing false statements or information is grounds for termination of tenancy. Further, I/We have read or have had read to me/us the above statement.

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J. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.



C. CHANGE IN INCOME**1. INCOME #1: TYPE OF CHANGE**

☐ a. NEW OR INCREASE IN INCOME ☐ b. DECREASE IN INCOME ☐ c. LOSS OF INCOME: LOSS DATE (mm/dd/yyyy)

2. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> i. PENSION	<input type="checkbox"/> m. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> q. SOCIAL SECURITY SURVIVOR'S BENEFIT
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> j. ANNUITY	<input type="checkbox"/> n. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> r. SOCIAL SECURITY
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> k. PUBLIC ASSISTANCE	<input type="checkbox"/> o. WORKER'S COMPENSATION	<input type="checkbox"/> s. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> l. SELF-EMPLOYMENT	<input type="checkbox"/> p. STATE SUPPLEMENTAL PROGRAM/SSP	<input type="checkbox"/> t. SOCIAL SECURITY RETIREMENT

3. START DATE

(mm/dd/yyyy)

4. TOTAL INCOME

\$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ c. MONTHLY
☐ b. BI-WEEKLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY

6. NAME OF INCOME SOURCE #1**7. TELEPHONE NUMBER****8. ADDRESS****9. CITY****10. STATE****11. ZIP CODE****1. INCOME #2: TYPE OF CHANGE**

☐ a. NEW OR INCREASE IN INCOME ☐ b. DECREASE IN INCOME ☐ c. LOSS OF INCOME: LOSS DATE (mm/dd/yyyy)

2. INCOME SOURCE #2 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION	<input type="checkbox"/> e. CONTRIBUTIONS	<input type="checkbox"/> i. PENSION	<input type="checkbox"/> m. SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> q. SOCIAL SECURITY SURVIVOR'S BENEFIT
<input type="checkbox"/> b. FOSTER CARE	<input type="checkbox"/> f. EMPLOYMENT (WAGES)	<input type="checkbox"/> j. ANNUITY	<input type="checkbox"/> n. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> r. SOCIAL SECURITY
<input type="checkbox"/> c. CHILD SUPPORT	<input type="checkbox"/> g. MILITARY PAY	<input type="checkbox"/> k. PUBLIC ASSISTANCE	<input type="checkbox"/> o. WORKER'S COMPENSATION	<input type="checkbox"/> s. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> d. ALIMONY	<input type="checkbox"/> h. VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> l. SELF-EMPLOYMENT	<input type="checkbox"/> p. STATE SUPPLEMENTAL PROGRAM/SSP	<input type="checkbox"/> t. SOCIAL SECURITY RETIREMENT

3. START DATE

(mm/dd/yyyy)

4. TOTAL INCOME

\$, .

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ c. MONTHLY
☐ b. BI-WEEKLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY

6. NAME OF INCOME SOURCE #2**7. TELEPHONE NUMBER****8. ADDRESS****9. CITY****10. STATE****11. ZIP CODE****D. CHANGE IN ASSETS**

1. ARE THE NET FAMILY ASSETS NOW IN EXCESS OF \$5000? ☐ a. YES ☐ b. NO

2. Calculation of Income from Assets

When the total cash value of the family's assets exceeds \$50,000, the value of the assets will be determined based on the (1) the actual income from the assets or (2) the imputed income from the assets if the income from actual assets cannot be calculated.



3. **ASSET #1: TYPE OF CHANGE** ☐ a. NEW OR INCREASE IN ASSET ☐ b. DECREASE IN ASSET

4. **ASSET #1** (PLEASE SELECT ONLY ONE ASSET)

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> a. CHECKING ACCOUNT | <input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE) | <input type="checkbox"/> h. STOCKS | <input type="checkbox"/> k. BONDS |
| <input type="checkbox"/> b. SAVINGS ACCOUNT | <input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE) | <input type="checkbox"/> i. TRUST FUND | |
| <input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND | <input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT) | <input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT) | |
| <input type="checkbox"/> d. OTHER (PLEASE SPECIFY) | <input type="text"/> | | |

5. DO YOU RECEIVE PERIODIC PAYMENTS FROM YOUR ASSET? ☐ a. YES ☐ b. NO

6. CURRENT VALUE

\$, .

7. INTEREST RATE (IF APPLICABLE)

8. ANTICIPATED INCOME EARNED FROM ASSETS

\$, .

9. NAME OF FINANCIAL INSTITUTION

10. If you checked real estate, house, co-op, or condo above, please answer questions number 8 - 19 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

11. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

12. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS

\$, .

13. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

14. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY c. STATE d. ZIP CODE

15. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

16. HOW LARGE IS THE PROPERTY (NUMBER OF BEDROOMS)

17. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

18. PERCENT (%) OWNED

16. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD?

☐ a. YES ☐ b. NO

17. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

18. DATE SOLD

(mm/dd/yyyy)

19. PROPERTY CURRENT VALUE

\$, .

3. **ASSET #2: TYPE OF CHANGE** ☐ a. NEW OR INCREASE IN ASSET ☐ b. DECREASE IN ASSET

4. **ASSET #2** (PLEASE SELECT ONLY ONE ASSET)

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> a. CHECKING ACCOUNT | <input type="checkbox"/> e. LIFE INSURANCE POLICY (TERM LIFE) | <input type="checkbox"/> h. STOCKS | <input type="checkbox"/> k. BONDS |
| <input type="checkbox"/> b. SAVINGS ACCOUNT | <input type="checkbox"/> f. LIFE INSURANCE POLICY (WHOLE LIFE) | <input type="checkbox"/> i. TRUST FUND | |
| <input type="checkbox"/> c. MONEY MARKET FUND/MUTUAL FUND | <input type="checkbox"/> g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT) | <input type="checkbox"/> j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT) | |
| <input type="checkbox"/> d. OTHER (PLEASE SPECIFY) | <input type="text"/> | | |



5. DO YOU RECEIVE PERIODIC PAYMENTS FROM YOUR ASSET? ☐ a. YES ☐ b. NO

6. CURRENT VALUE
\$, .

7. INTEREST RATE (IF APPLICABLE)

8. ANTICIPATED INCOME EARNED FROM ASSETS
\$, .

9. NAME OF FINANCIAL INSTITUTION

10. If you checked real estate, house, co-op, or condo above, please answer questions number 8 - 19 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

11. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

12. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS \$, .

13. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

14. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY c. STATE d. ZIP CODE

15. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

16. HOW LARGE IS THE PROPERTY (NUMBER OF BEDROOMS)

17. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

18. PERCENT (%) OWNED

16. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD? ☐ a. YES ☐ b. NO

17. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?
☐ a. YES ☐ b. NO

18. DATE SOLD

(mm/dd/yyyy)

19. PROPERTY CURRENT VALUE
\$, .

A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN THE PAST 2 YEARS IN EXCESS OF \$1,000?

☐ 1. YES* ☐ 2. NO

* 3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO, SKIP THIS SECTION.

4. TYPE OF ASSET

5. DATE GIVEN AWAY OR SOLD

(mm/dd/yyyy)

6. SALE PRICE

\$, .

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE

\$, .

E. CHANGE IN CHILDCARE EXPENSES

1. MINOR #1: TYPE OF CHANGE

FOR CHILD HOUSEHOLD MEMBER UNDER 13

☐ a. NEW OR INCREASE IN EXPENSE ☐ b. DECREASE IN EXPENSE ☐ c. END OF EXPENSE: END DATE
(mm/dd/yyyy)

2. MINOR #1 - LAST NAME

3. FIRST NAME

4. M.I.

5. TOTAL CHILDCARE EXPENSES

\$, .

a. Weekly ☐ ☐ ☐ ☐ ☐
b. Bi-Weekly ☐ ☐ ☐ ☐ ☐
c. Monthly ☐ ☐ ☐ ☐ ☐
d. Semi-Monthly ☐ ☐ ☐ ☐ ☐
e. Annually ☐ ☐ ☐ ☐ ☐

6. IF ANY PORTION OF THE CHILDCARE EXPENSE AMOUNT IS REIMBURSED TO YOU, PLEASE WRITE TOTAL CHILDCARE REIMBURSEMENT AMOUNT HERE.

\$, .

a. Weekly ☐ ☐ ☐ ☐ ☐
b. Bi-Weekly ☐ ☐ ☐ ☐ ☐
c. Monthly ☐ ☐ ☐ ☐ ☐
d. Semi-Monthly ☐ ☐ ☐ ☐ ☐
e. Annually ☐ ☐ ☐ ☐ ☐



7. NAME OF CHILDCARE AGENCY OR CHILDCARE PROVIDER

8. AGENCY/PROVIDER TELEPHONE NUMBER

9. AGENCY/PROVIDER
ADDRESS

a. CITY

b. STATE

c. ZIP CODE

1. MINOR #2: TYPE OF CHANGE

FOR CHILD HOUSEHOLD MEMBER UNDER 13

☐

a. NEW OR INCREASE IN EXPENSE

☐

b. DECREASE IN EXPENSE

☐

c. END OF EXPENSE: END DATE

(mm/dd/yyyy)

2. MINOR #1 - LAST NAME

3. FIRST NAME

4. M.I.

5. TOTAL CHILDCARE EXPENSES

\$, .

a. Weekly

b. Bi-Weekly

c. Monthly

d. Semi-Monthly

e. Annually

6. IF ANY PORTION OF THE CHILDCARE
EXPENSE AMOUNT IS REIMBURSED TO
YOU, PLEASE WRITE TOTAL CHILDCARE
REIMBURSEMENT AMOUNT HERE.

\$, .

a. Weekly

b. Bi-Weekly

c. Monthly

d. Semi-Monthly

e. Annually

7. NAME OF CHILDCARE AGENCY OR CHILDCARE PROVIDER

8. AGENCY/PROVIDER TELEPHONE NUMBER

9. AGENCY/PROVIDER
ADDRESS

a. CITY

b. STATE

c. ZIP CODE

F. CHANGE IN MEDICAL/DISABILITY EXPENSES

PLEASE INDICATE TYPE OF CHANGE IN UNREIMBURSED MEDICAL EXPENSES, INCLUDING ANY MEDICAL INSURANCE PREMIUMS IN THE SPACE PROVIDED BELOW FOR EACH FAMILY MEMBER. ALL EXPENSES ARE LISTED ON THE HOH FORM.

1. MEDICAL/DISABILITY EXPENSE #1 TYPE OF CHANGE:

☐

a. NEW OR INCREASE IN MEDICAL/DISABILITY EXPENSE

☐

b. DECREASE IN MEDICAL/DISABILITY EXPENSE

☐

c. END OF EXPENSE: END DATE

(mm/dd/yyyy)

2. EXPENSE #1 LAST NAME

3. FIRST NAME

4. M.I.

5. TYPE OF MEDICAL EXPENSE

6. AMOUNT OF OUT-OF-
POCKET MEDICAL EXPENSES

\$, .

a. Weekly

b. Bi-Weekly

c. Monthly

d. Semi-Monthly

e. Annually



☐ a. NEW OR INCREASE IN MEDICAL/DISABILITY EXPENSE ☐ b. DECREASE IN MEDICAL/DISABILITY EXPENSE
☐ c. END OF EXPENSE: END DATE
(mm/dd/yyyy)

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[illegible]

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[illegible]

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2/1/25

D. CHANGE IN ASSETS

1. ARE THE NET FAMILY ASSETS IN EXCESS OF \$50,000? ☐ a. YES ☐ b. NO

2. ASSET #1: TYPE OF CHANGE

☐ a. NEW OR INCREASE IN ASSET ☐ b. DECREASE IN ASSET VALUE

3. ASSET #1 (PLEASE SELECT ONLY ONE ASSET)

☐ a. CHECKING ACCOUNT ☐ e. LIFE INSURANCE POLICY (TERM LIFE) ☐ h. STOCKS ☐ k. BONDS
☐ b. SAVINGS ACCOUNT ☐ f. LIFE INSURANCE POLICY (WHOLE LIFE) ☐ i. TRUST
☐ c. MONEY MARKET FUND/MUTUAL FUND ☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO
(PROPERTY HELD AS AN INVESTMENT) ☐ j. 401K/IRA/ROTH IRA
(RETIREMENT ACCOUNT)
☐ d. OTHER (PLEASE SPECIFY)

4. CURRENT VALUE

\$, .

5. INTEREST RATE (IF APPLICABLE)**6. ANTICIPATED INCOME EARNED FROM ASSETS**

\$, .

7. NAME OF FINANCIAL INSTITUTION

8. If you checked real estate, house, co-op, or condo above, please answer questions number 9 and 10 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

9. DOES THIS PROPERTY GENERATE INCOME? ☐ a. YES ☐ b. NO

10. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS

\$, .

11. IS THIS PROPERTY SUITABLE FOR OCCUPANCY? ☐ a. YES ☐ b. NO

12. WHAT IS THE ADDRESS OF THE UNIT?

a. ADDRESS

b. CITY

c. STATE

d. ZIP CODE

13. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES? ☐ a. YES ☐ b. NO

14. HOW LARGE IS THE PROPERTY (NUMBER OF BEDROOMS)

15. IS THE PROPERTY JOINTLY OWNED? ☐ a. YES ☐ b. NO

16. PERCENT (%) OWNED

17. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD?

☐ a. YES ☐ b. NO

18. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

19. DATE SOLD

(mm/dd/yyyy)

20. PROPERTY CURRENT VALUE

\$, .



2. ASSET #2: TYPE OF CHANGE

☐ a. NEW OR INCREASE IN ASSET ☐ b. DECREASE IN ASSET VALUE

3. ASSET #1 (PLEASE SELECT ONLY ONE ASSET)

☐ a. CHECKING ACCOUNT ☐ e. LIFE INSURANCE POLICY (TERM LIFE) ☐ h. STOCKS ☐ k. BONDS
☐ b. SAVINGS ACCOUNT ☐ f. LIFE INSURANCE POLICY (WHOLE LIFE) ☐ i. TRUST
☐ c. MONEY MARKET FUND/MUTUAL FUND ☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO
(PROPERTY HELD AS AN INVESTMENT) ☐ j. 401K/IRA/ROTH IRA
(RETIREMENT ACCOUNT)
☐ d. OTHER (PLEASE SPECIFY)

4. CURRENT VALUE

\$, .

5. INTEREST RATE (IF APPLICABLE)**6. ANTICIPATED INCOME EARNED FROM ASSETS**

\$, .

7. NAME OF FINANCIAL INSTITUTION

8. If you checked real estate, house, co-op, or condo above, please answer questions number 9 and 10 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

9. DOES THIS PROPERTY GENERATE INCOME?

☐ a. YES ☐ b. NO

10. INCOME YOU EARNED FROM THE PROPERTY FOR THE LAST 12 MONTHS

\$, .

11. IS THIS PROPERTY SUITABLE FOR OCCUPANCY?

☐ a. YES ☐ b. NO

12. WHAT IS THE ADDRESS OF THE UNIT?**a. ADDRESS****b. CITY****c. STATE****d. ZIP CODE****13. IS THIS PROPERTY SUITABLE FOR INDIVIDUALS WITH DISABILITIES?**

☐ a. YES ☐ b. NO

14. HOW LARGE IS THE PROPERTY (NUMBER OF BEDROOMS)**15. IS THE PROPERTY JOINTLY OWNED?**

☐ a. YES ☐ b. NO

16. PERCENT (%) OWNED**17. IS THE JOINT PROPERTY OWNER A MEMBER OF THE HOUSEHOLD?**

☐ a. YES ☐ b. NO

18. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

19. DATE SOLD

(mm/dd/yyyy)

20. PROPERTY CURRENT VALUE

\$, , .

21. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs or bank statements, to this package when returning it.

22. DID YOU SELL OR GIVE AWAY ANY ASSETS IN THE PAST 2 YEARS IN EXCESS OF \$1,000?

☐ a. YES* ☐ b. NO

*23. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO, SKIP THIS SECTION.

24. SALE PRICE

\$, .

25. MARKET VALUE AT TIME OF DISPOSITION OR SALE

\$, .



1. I certify that the information given to the New York City Housing Authority in this document and any other documents submitted in support of it are accurate and complete to the best of my knowledge and belief.
I understand and acknowledge that providing false statements or information is punishable under federal and local laws.
I also understand that false statements or information are grounds for termination of housing assistance.
Further, I have read or someone has read to me the above statement.

[illegible]

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(mmddyyyy)

[illegible]

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(mmddyyyy)

您所居住住宅区物业管理处办公室提供本文件的译本。纽约市房屋局所提供的翻译版本仅供参考。
请填写本文件的英文版本。



**NYCHA FORM 040.608 THIRD PARTY VERIFICATION –
CONSENT TO RELEASE INFORMATION**

NEW YORK CITY HOUSING AUTHORITY

A. THIRD PARTY VERIFICATION - CONSENT TO RELEASE INFORMATION

1 RESIDENT STREET ADDRESS 3 CASE #
2 CITY, STATE, ZIP 4 VOUCHER # 5 ACCOUNT #

B. Authorization for the Release of Information / Privacy Act Notice • Alternative to Form HUD-9886

Federal law (42 U.S.C. § 3544) and U.S. Department of Housing and Urban Development (HUD) regulation (24 CFR § 5.230) require that you **and all authorized family members 18 years of age and older must sign a consent form such as this form. Failure to sign this consent form may result in denial of eligibility and / or termination of tenancy or subsidy.** This consent authorizes NYCHA (deemed to include NYCHA's private managers) and HUD to get information directly from third party sources in order to verify the income, the value of assets, expenses related to deductions from income (including medical and day care expenses), family composition and related information for every household member. The information received is used by NYCHA and HUD for the purposes of determining that your family is eligible for public housing/Section 8 benefits and that these benefits are set at the right level.

C. In order to complete or verify an application for participation and to maintain continued assistance in public housing or a Section 8 program, this consent form authorizes the release of information necessary to permit:

- (1) HUD and NYCHA to obtain information from SWICAs (State Wage Information Collection Agencies - e.g., a Labor Dept.); and
- (2) HUD and NYCHA to obtain: (a) salary and wage income information from previous or current employers; and (b) unearned income (i.e., interest and dividend) information from banks or other financial institutions; and
- (3) HUD and NYCHA to obtain information such as but not limited to: public or private pension funds, unemployment compensation information, worker's compensation, disability income, military pay, alimony, child support, private contributions, school attendance verification and information relating to the receipt of financial grants, from various entities, credit agencies or government agencies, including but not limited to the: • NYC Human Resources Administration, • NYC Office of Payroll Administration, • NYC Department of Finance, • NYC Department of Health and Mental Hygiene, • NYC Clerk's Office, • NYS Department of Motor Vehicles, • Courts and NYS Office of Court Administration, • NYS Department of Labor and • US Department of Veterans Affairs.
- (4) HUD and NYCHA to obtain information from the Social Security Administration (SSA) for the purpose of disclosure and verification of Social Security Numbers and verification of income information so as to determine an individual's eligibility or level of benefits.
- (5) HUD to obtain taxpayer return information from the Internal Revenue Service (IRS)

D. Photocopies of this consent form shall be valid as the original. The authorization to release information contained in this consent form expires 18 months after the date on which this consent form is signed.

E. CONSENT: I consent to allow HUD or NYCHA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that based on the information received under this consent form, NYCHA cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, and if and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

F. Member (age 18 or older)

(1)
(2) Date of Birth (3) Social Security Number
mm/dd/yyyy
(4) Sign (5) Date
mm/dd/yyyy

G. Privacy Act Notice. Authority: HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years of age or older. Purpose: Your income and other information are being collected by HUD and NYCHA to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD or NYCHA, except as permitted or required by law. Penalty: You must provide all of the information requested by NYCHA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

UPDATED NYCHA FORM 040.608 (REV 2/7/24 v4) THIRD PARTY VERIFICATION – CONSENT TO RELEASE INFORMATION

NEW YORK CITY HOUSING AUTHORITY

A. TENANT NAME:

CASE #

B. Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the New York City Housing Authority (NYCHA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the NYCHA to request verification of salary and wages from current or previous employers; (2) HUD and NYCHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

HUD regulations (24 CFR 5.210 et. seq.; 24 CFR 5.659; and 24 CFR 960.259) authorize NYCHA to collect other information necessary to determine eligibility for assistance or level of benefits.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing NYCHA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever NYCHA determines, the record is needed to determine a Section 9/public housing or Section 8/Housing Choice Voucher applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and NYCHA to request income information from the sources listed on the form. HUD and NYCHA need this information to verify your household's income, value of assets, expenses related to deductions from income, family composition and related information for every household member, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and NYCHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Housing Agencies for the purpose of determining housing assistance. NYCHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and NYCHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing

Housing Choice Voucher

Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to NYCHA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, NYCHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained regarding public or private pension funds, unemployment compensation information, worker's compensation, disability income, military pay, alimony, child support, private contributions, school attendance verification and information relating to the receipt of financial grants, from various entities, credit agencies or government agencies, including but not limited to the: ● NYC Human Resources Administration, ● NYC Office of Payroll Administration, ● NYC Department of Finance, ● NYC Department of Health and Mental Hygiene, ● NYC Clerk's Office, ● NYS Department of Motor Vehicles, ● Courts and NYS Office of Court Administration, ● NYS Department of Labor and ● US Department of Veterans Affairs.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

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exp. 10/31/26



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NYCHA 040.608 (Rev. 2/7/24 v4) THIRD PARTY VERIFICATION - CONSENT TO RELEASE INFORMATION

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever NYCHA determines, the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or NYCHA to request and obtain income information from the sources listed on this form for the

purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that Housing Agencies, like NYCHA, that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and NYCHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or NYCHA.

D. Member (age 18 or older)

a. NAME

b. Date of Birth

(mm/dd/yyyy)

c. Social Security Number

(last 4 digits)

d. Sign

e. Date

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(mm/dd/yyyy)

E. Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, &7465.1

**HUD-9886-A
exp. 10/31/26**



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NYCHA 040.608 (Rev. 2/7/24 v4) **THIRD PARTY VERIFICATION - CONSENT TO RELEASE INFORMATION**

NYCHA FORM 040.902 DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

OMB No. 2577-0266
Expires 10/31/2019
Form HUD-52675



**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's ENTERPRISE INCOME VERIFICATION (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have FILED for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.



NYCHA 040.902 (Rev. 2/1/17v2)

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How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To FILE an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

New York City Housing Authority
250 Broadway
New York, NY 10007

I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:

Printed Name

Signature

Date

CHAPTER 3 The Pre-HOTMA Recertification Review Tool (RRT)

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Recognize the methodology utilized to conduct Annual and Interim Recertification reviews with the RRT
- Identify the sections of the QA Recertification Review Tool (RRT)

Section 1 **File Review Methodology**

The methodology, used by HUD auditors, is to assess the data from the “ground up” by reviewing source documents in the e-file: the AOI, verifications, EIV and IVT, etc., determine income and calculate rent from these source documents, and then compare the QA Reviewer's results to the AR or IR Case Assessment.

The six step QA review:

1. You will complete the calculation for the particular action independent of what exists on the Case Assessment submitted by Property Management.
2. You will use source verifications in the e-file (paystubs, benefit letters, asset statements, etc.) to determine household composition and type (elderly or disabled family, for example), and the annual income.
3. You will then apply the applicable expenses or deductions (childcare provider letter, receipts for medical expenses etc.).
4. You will then determine the adjusted annual income and determine the rent.
5. The rent amount you independently calculated is then compared to the rent calculated by the Property Management staff who completed the Annual or Interim Recertification.
6. On the RRT, for each indicator where your review or calculation varies from the Annual or Interim Recertification Case Assessment, you will document a discrepancy for that specific indicator. You must include a comment for each indicator where a discrepancy is found. The comments are important for detailed explanation and instruction.

Section 2 The Pre-HOTMA QA Recertification Review Tool (RRT)

The RRT is a checklist to be used to guide the QA Reviewer in their file review of the Annual or Interim Recertification. The QA Reviewer views and analyzes documents in the tenant e-file in the areas of family composition, income, assets, expenses, deductions, and the verifications of these areas. The RRT compares values on the e-file case assessment against the values identified by the QA reviewer.

Following is the basic QA RRT:

MSD QA RRT Checklist and Review Analysis					
QA Program Manager:					Date of Review:
Case Number:	Action Type:	<input type="checkbox"/> AR	<input type="checkbox"/> IR	<input type="checkbox"/> OTI	Effective Date:
Service Request #				Development:	
Review Period:				Quarter:	

1. Core Documents					
	Yes	No	N/A	Description	Comments
1. Annual Recert processed within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"NA" if review is for an IR	
2. Interim Recert processed within 60 days of receipt of supporting documents?					
3. Third Party Verification-Consent to Release Information in file for all eligible members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For ARs. Signed by all adult household members age 18+ and HoH and spouse/cohead regardless of age.	Until third quarter 2024, signed at move-in and at each AR. Beginning third quarter 2024 for move-ins and ARs, NYCHA form 040.608 (Rev 2/7/24 v4) is signed once.
4. NYCHA Recertification Assistance Consent Form in file?	<input type="checkbox"/>	<input type="checkbox"/>		For both ARs and IRs. Signed by HoH and spouse/cohead.	
5. Adequate third-party supporting documents for verifications in file?	<input type="checkbox"/>	<input type="checkbox"/>		See MCHII.VII. for verification requirements.	
6. EIV/IVT Income Reports in file for ARs?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Is Affidavit of Income (AOI) completed by all household members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If review is for an IR, only changes must be declared on the AOI	
8. Are full-time student verification documents in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not apply to the HOH, spouse/cohead, foster child/adult or live-in aide.	
9. Is the Declaration of Citizenship Status form for new permanent household member in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New family member declaring EC must have proof of birth and SSN. New family members claiming EN under the age of 62 need USCIS verification.	
10. Is the Zero Income Questionnaire completed?	<input type="checkbox"/>	<input type="checkbox"/>			

The Pre-HOTMA Recertification Review Tool (RRT)

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

2. Household									
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Codes:			Citizenship codes:						
H = head			EC = eligible citizen						
S – spouse			EN = eligible noncitizen						
K = co-head			IN = ineligible noncitizen						
F = foster child/foster adult			PV = pending verification						
Y = other youth under 18									
E = full-time student 18+									
L – live-in aide									
A = other adult									

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

Household Comparison					
	E-File	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total # in household			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of live-in aides			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of foster children/foster adults			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of family members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of ineligible noncitizen permanent household members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of permanent household members w/immigration verification status pending			<input type="checkbox"/>	<input type="checkbox"/>	
Is head, spouse/cohead senior/disabled?			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of dependents			<input type="checkbox"/>	<input type="checkbox"/>	

3. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$		4.
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5.
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6.

Assets Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total cash value	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
4. Total anticipated income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
5. Imputed asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
6. Final asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

4. Income – QA Program Calculation from Supporting Documents							
Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income							\$
Total annual income (Item 8): Total Income plus Final Asset Income							\$

MMCHII Income Types		
a. ADOPTION	h. VETERAN'S AFFAIRS (VA) BENEFITS	o. WORKER'S COMPENSATION
b. FOSTER CARE	i. PENSION	p. STATE SUPPLEMENTAL PROGRAM (SSP)
c. CHILD SUPPORT	j. ANNUITY	q. SOCIAL SECURITY SURVIVOR'S BENEFIT
d. ALIMONY	k. PUBLIC ASSISTANCE	r. SOCIAL SECURITY
e. CONTRIBUTIONS	l. SELF-EMPLOYMENT	s. SOCIAL SECURITY DISABILITY
f. EMPLOYMENT (WAGES)	m. SUPPLEMENTAL SECURITY INCOME	t. SOCIAL SECURITY RETIREMENT
g. MILITARY PAY	n. UNEMPLOYMENT INSURANCE	

The Pre-HOTMA Recertification Review Tool (RRT)

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

Income Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Medical and Disability Expenses Deductions – QA Program Manager Calculation from Supporting Documents if Applicable						
Family member name	Type of expense	Expense amount		Frequency	Annual expense amount	Annual unreimbursed expense amount
		\$		Annual	\$	\$
		\$		Monthly	\$	\$
		\$	Annual	\$		\$
Total annual unreimbursed medical expenses (Item) put in 16.						\$

Childcare Expenses – QA Program Manager Calculation from Supporting Documents if Needed for Child Care Expenses				
Family Member Name	Agency/Rep	Unreimbursed expense Amount	Frequency	Total unreimbursed amount
		\$		\$
		\$		\$
Total Expenses (Item 22)				\$

5. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$
12.	Medical/disability threshold		\$
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		\$
14.	Maximum disability deduction: If 13 minus 12 is positive or zero, put amount:		\$
		If negative and head/spouse/cohead is under 62 and not disabled, put 0	
		If negative and head/spouse/cohead is elderly or disabled, copy from 13	
15.	Allowable disability assistance expense: copy from 14		\$
16.	Total annual unreimbursed medical expenses		\$
17.	Total annual disability assistance and medical expenses: 15 + 16 (if there are no disability expenses, copy from 16)		\$
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate 17 minus 12	\$
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household deduction (\$400)		\$
20.	Number of dependents		
21.	Dependent deduction: #20 X \$480		\$
22.	Total annual unreimbursed & verified childcare costs		\$
23.	Total deductions: 18 + 19 + 21 + 22		\$
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$

Comparison of Medical/Disability Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Comparison of Childcare Unreimbursed Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Childcare Expenses deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Adjusted Income Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
18. Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
19. Elderly/disability deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
20. Number of dependents			<input type="checkbox"/>	<input type="checkbox"/>	
21. Dependent deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
22. Allowable childcare costs	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
23. Total deductions	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
24. Adjusted annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

The Pre-HOTMA Recertification Review Tool (RRT)

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

6. Total Tenant Payment (TTP) – QA Program Manager Calculation		
8.	Total annual income	\$
25.	Household monthly adjusted income ($\#8 \div 12$)	\$
26.	TTP if based on total monthly income: ($\#25 \times 0.10$)	\$
27.	TTP if based on 30% of monthly adjusted income: $[(\#24 \text{ from Section 5 of RRT}) \div 12 \times 0.30]$	\$
28.	Welfare rent per month (Based on HRA Rent Allowances Chart)	\$
32	TTP: Highest of lines 26, 27, or 28	\$
	Most recent TTP (check for Rent Change letter with at least 30 days' notice)	\$

TTP Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
26. TTP if based on total monthly income: $(8 \div 12) \times 0.10$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
27. TTP if based on 30% of monthly adjusted income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
28. Welfare rent per month	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
32. TTP: Highest of lines 26, 27 or 28	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

The Pre-HOTMA Recertification Review Tool (RRT)

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

7. Rent – QA Program Manager Calculation from Supporting Documents – if Mixed Family, fill out 7.m. Prorated Rent Calculation for Mixed Family		
32.	TTP	\$
33.	Unit's flat rent (Flat Rent Table)	\$
34.	Monthly Tenant Rent (Lower of 32 or 33)	If flat rent is lower, this is the rent
42..	Utility allowance, (Base on Utility Allowance Table)	\$
Tenant rent: 34 minus 42 (do NOT subtract if 33 is less than 32.)		
46.	If 32. minus 42. is a positive number or zero, indicate here	\$
45.	If 32 minus 42 is a negative number, indicate utility reimbursement payment here	\$

7.m. Prorated Rent Calculation (skip if not Mixed Family)		
33.	Public housing flat rent	\$
43	Family maximum subsidy: 33 minus 32	\$
38	Total number eligible	
37	Total number in family	
35.	Eligible subsidy: $(43 \div 37) \times 38$	\$
41.	Mixed family TTP: 33 minus 35.	\$
42.	Utility allowance, if any	\$
Mixed family tenant rent: 41. minus 42.		
39.	If positive or zero, indicate here	\$
45.	If negative number, indicate utility reimbursement payment here	\$

NYCHA Quality Assurance Training

The Pre-HOTMA Recertification Review Tool (RRT)

Section 2: The Pre-HOTMA QA Recertification Review Tool (RRT)

Additional Charges		
	Additional charges (on lease addendum)	\$
2.	Actual Total Monthly Rent (34 plus additional charges)	\$

Rent Comparison					
Assessment Fields	File	QA PM Review	Discrepancy?		Comments
			Yes	No	
32. TTP:	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
33. Unit's flat rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
34. Monthly Tenant Rent	\$		<input type="checkbox"/>	<input type="checkbox"/>	
42. Utility allowance	\$		<input type="checkbox"/>	<input type="checkbox"/>	
46. Tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Charges	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
2. Actual Total Monthly Rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
42. Mixed family tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
44. LIHTC rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

8. Final Outcome of MSD QA File Review		
<input type="checkbox"/> Fail (Check all that apply below)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass w/Comments
<input type="checkbox"/> Administrative Error		
<input type="checkbox"/> Income/Assets/Expenses		
<input type="checkbox"/> Delayed Recertification > 60 days		
<input type="checkbox"/> Verification Error		
Fail Reason(s)		
Fail Errors:	<i>Note: The below are defined by NYCHA's compliance requirements. There may be more than one Fail Error.</i>	
Administrative Error	<i>Rent calculation/arithmetic errors.</i>	
Income/Assets/Expenses	<i>Incorrect gathering or submission of documents; failure to include a source of income or deduction or including an excluded source of income.</i>	
Delayed Recertifications > 60 days	<i>Applicable to ARs. Delays in both PHA and Tenant compliance.</i>	
Verification Error	<i>NYCHA gaps in verifying income/assets/expenses provided by the Tenant 3rd-party verification process.</i>	
If NYCHA owes Tenant a Credit or if Tenant owes Retroactive Rent		
<input type="checkbox"/> Check if NYCHA owes Credit to Tenant, complete Worksheet in 8.a. below.		
<input type="checkbox"/> Check if Tenant owes Retroactive Rent, complete Worksheet in 8.b. below.		

Notes

CHAPTER 4 Overview of Pre-HOTMA Rent Calculation

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Recognize essential verification requirements
- Identify and calculate annual income
- Identify assets and calculate income from assets
- Calculate adjusted income by correctly deducting HUD-defined deductions/expenses from annual income

INTRODUCTION

These requirements and NYCHA policies in this chapter are effective before full implementation of HOTMA. There are some HOTMA provisions that PHAs were allowed to adopt early; those provisions adopted by NYCHA are in this chapter.

When you review a file, you will identify the file as a pre-HOTMA AR or IR based on the quarter and/or the lease effective date of the AR or IR. The full HOTMA implementation date has not been confirmed by HUD.

Section 1 Essential Verification Requirements

FAMILY CONSENT

NYCHA Form 040.608, Third Party Verification – Consent to Release Information

Families must sign consent forms as needed to collect information relevant to the family's eligibility and level of assistance.

This form is the family's legal consent for NYCHA to obtain verification of income, assets, expenses, and any other factor related to eligibility and rent, and for HUD to match computerized records in its Enterprise Income Verification (EIV) system, to be discussed in more detail in the next section. NYCHA modifies this form to cover any other necessary information that applies to the program.

Prior to third quarter 2024, the head of household (HoH), and spouse/cohead regardless of age, and all adult family members were required to sign *NYCHA Form 040.608, Third Party Verification – Consent to Release Information* at annual recertification (AR). Minors turning age 18 are required to sign this form at the annual recertification (AR) in the year the minor will turn 18 years of age.

Effective ARs third quarter 2024, the updated NYCHA Form 040.608(Rev 2/7/24 v4) is signed only once. Another NYCHA Form 040.608 will not be submitted to the PHA except under the following circumstances:

- When any person 18 years or older becomes a member of the family;
- When a current member of the family turns 18; or
- As required by HUD or the PHA in administrative instructions.

HUD'S VERIFICATION HIERARCHY

Income Verification Levels/HUD Verification Hierarchy			
6	HUD Enterprise Income Verification (EIV)	Highest/Mandatory	EIV provides a comprehensive online system for the determination and verification of various resident information. EIV, while mandatory, should only be used as a method of verifying information provided through other sources.
5	Upfront Income Verification using non-HUD systems	Highest (Highly Recommended)	Data is received through an independent source that systematically and uniformly maintains income information in a computerized form, such as access to NYCHA DVS in order to get WMS and OPA.
4	Written Third Party Verification (Documents)	High	An original document provided by the tenant that is generated by a third-party source such as a paystub, award letter, or a printout of benefits statement.
3	Written Third Party Verification Form (Requests)	Medium/Low	A third-party verification form completed by a third-party source, such as NYCHA Form 040.013, <i>Verification of Employment – Employer</i> .
2	Oral Third Party Verification	Low	Phone call by staff to a third party source following up on the submission of a written third party form. All attempts to obtain and verify information must be documented in the SR's Notes section.
1	Tenant Declaration	Lowest (only use after verification cannot be made at any higher levels)	Statement of reported income and/or expenses signed by applicant or participant on forms required by NYCHA. Staff must document in the SR's Notes section all attempts and the reason why a higher form of verification was not used.

Section 1: Essential Verification Requirements

NYCHA must verify all information that is used to establish the family's eligibility and level of assistance and is required to obtain written authorization from the family to collect the information. Tenants must cooperate with the verification process as a condition of receiving assistance. NYCHA does not pass on the cost of verification to the family.

See MMCHIII.VII for detailed information about third-party verifications.

In general, HUD requires NYCHA to use the most reliable form of verification that is available and to document the reasons when NYCHA uses a lesser form of verification.

In order of priority, the forms of verification that NYCHA will use are:

- Up-front Income Verification (UIV) using HUD's Enterprise Income Verification (EIV) system
- Up-front Income Verification (UIV) using a non-HUD system
- Written Third-Party Verification (may be provided by applicant or participant)
- Written Third-party Verification Form
- Oral Third-party Verification
- Self-Certification

Effective upon HOTMA implementation, HUD added new definitions and requirements for EIV.

Essential EIV reports were listed in Chapter 2.

Section 2 Annual Recertifications

REQUIREMENTS

For families who pay either income-based rent or flat rent, NYCHA conducts a recertification of income and family composition annually. For all families who become over-income, NYCHA will conduct a recertification (AR or IR as applicable) of family income 12 and 24 months following the initial over-income determination to verify whether the family remains over-income.

As part of the annual reexamination process, NYCHA makes appropriate adjustments in the rent after certification by the family and upon verification of the information.

- In general, an increase in the tenant rent that results from an annual reexamination will take effect on the family's anniversary (lease effective) date. The family must be notified at least 30 days in advance.
 - If the family causes a delay in processing the annual reexamination, increases in the tenant rent should be applied retroactively, to the scheduled effective date of the annual reexamination. The family will be responsible for any underpaid rent and may be offered a repayment agreement in accordance with NYCHA policies.
- In general, a decrease in the tenant rent that results from an annual reexamination will take effect on the family's anniversary (lease effective) date.
 - If the family causes a delay in processing the annual reexamination, decreases in the tenant rent will be applied prospectively, from the first day of the month following completion of the reexamination processing.

Streamlined Income Certification for Fixed Income Families [ACOP Chapter 8(d)]

When 90 percent of a family's unadjusted income consists of fixed income, NYCHA will apply a cost-of-living adjustment (COLA) or COLAs to the family's fixed-income sources, provided that the family certifies both that 90 percent of their unadjusted income is fixed income and that their sources of fixed income have not changed from the previous year.

For any income determined pursuant to a streamlined income determination, NYCHA must obtain third-party verification of all income amounts every 3 years.

HUD defines “fixed income” as the following:

- Social Security, Supplemental Security Income, Supplemental Disability Insurance.
- Federal, state, local, or private pension plans.
- Annuities or other retirement benefit programs, insurance policies, disability or death benefits, or other similar types of periodic receipts.
- Any other source of income subject to adjustment by a verifiable COLA or current rate of interest.

There will instructions on applying a COLA later in the chapter.

Section 3 Interim Recertifications

REQUIREMENTS

An interim recertification (IR) is the re-examination required when there is a change in a household's composition, income, disability, elderly, citizenship, or student status, that occurs between annual recertification periods.

Family circumstances may change during the period between annual recertification. The family may request an interim recertification at any time if the family's income, allowances or composition change. HUD regulations and NYCHA policies define the types of information about changes in family circumstances that must be reported, and under what circumstances NYCHA must process interim recertifications to reflect those changes.

See MMCHIII for detailed instructions. NYCHA's ACOP, Chapter 8(g) addresses interim recertifications as well.

REQUIRED REPORTING AND INTERIM RECERTIFICATIONS (IRs)

An IR reviews the anticipated income for the upcoming twelve (12) months. Tenants are required to report the following changes within thirty (30) calendar days of the change occurring, which may result in a change in resident rent:

- A household member moves out of the apartment;
- Addition of member(s) to the household (ACOP Chapter 6(j) describes Authorized Occupants); or
- An adult member of the family who was reported as unemployed on the most recent AR or IR becomes employed (which will not result in an interim rent increase).

Section 3: Interim Recertifications

INTERIM INCREASES

The following situations are grounds for an interim rent increase (specific instructions in MMCHIII.XIV):

1. Approval of Request to Add a New Household Member (Permanent)

The additional permanent household member's includable income is added to the household income when processing the Interim Recertification.

2. Interim Recertification with Income Subsequently Restored

When a household reports zero (\$0) includable income and then during the re-submission of *NYCHA Form 040.481, Zero Income Questionnaire*, the household reports includable income, Property Management staff must process an Interim Recertification to add the new includable income.

When a tenant's rent is reduced during an Interim Recertification because of unemployment, loss of earned/other income, or rent hardship, and the income source that was lost has subsequently been restored, one of the following will occur:

- a. Notification within Thirty (30) days – If the tenant reported the income restoration within 30 days, Property Management staff will not increase the rent.
- b. Notification after Thirty (30) days – If the tenant fails to report the income restoration within the required 30 days, Property Management staff must increase the rent effective the first day of the month that occurs at least one calendar month after the date reported and assess a retroactive charge to the first of the month following the date the change occurred.

Section 3: Interim Recertifications

3. Data Entry Error

If, when processing an Annual Recertification, staff entered the incorrect income (amount or frequency) for a tenant or authorized household member and it results in the tenant paying the incorrect rent, staff must process an Interim Recertification to correct the data entry if the Annual Recertification has gone into effect.

Since the data entry is not the fault of the tenant, a retroactive charge must not be issued to the tenant when making the correction via the Interim Recertification.

If an Annual Recertification has not gone into effect, a post Annual Adjustment Service Request (SR) should be created and processed to recalculate the rent.

4. Earned Income Disallowance (EID)

An IR is conducted for a tenant or authorized household member who qualifies for EID and:

- a. Is moving into the second twelve-month 50% phase-in exclusion period; or
- b. EID is ending after 24 months.
- c. The last date a family member could qualify for EID was December 31, 2023.

INTERIM DECREASES

Tenants are not required to, but may report the following changes, which will result in a change in their rent:

- Decreases in income including, but not limited to, loss of employment, reduction in number of hours worked by an employed household member, and loss or reduction of benefits income;
- Increases in allowances including, but not limited to, increased medical expenses, higher childcare costs, etc.; and
- Other changes affecting the calculation of a household's annual or adjusted income including, but not limited to, a family member turning 62 years old, becoming a full-time student, or becoming a person with a disability.

Section 4 Income

See MMCHIII.III. for a complete description of income that is included and income that is excluded from a rent calculation.

All sources of income are included unless specifically excluded by regulations. Furthermore, the relationship to head of household (see example below) and must be taken into consideration.

- For example, a spouse may be a full-time student, but since a spouse or cohead can never be a dependent, a spouse's earned income would be counted regardless of the fact that they are a full-time student.

Summary of Income Included and Excluded by Person per HUD Regulation	
Live-in aides	Income from all sources is excluded.
Foster child or foster adult	Income from all sources is excluded
Head, spouse, or cohead Other adult family members	All sources of income not specifically excluded by the regulations are included.
Children under 18 years of age	Employment income is excluded. All other sources of income, except those specifically excluded by the regulations, are included.
Full-time students 18 years of age or older (not head, spouse, or cohead)	Employment income above \$480/year is excluded. All other sources of income, except those specifically excluded by the regulations, are included.

COMPUTING ANNUAL INCOME

- All income must be converted to an annual figure to complete rent calculations, as follows:
 - Multiply hourly wages by the number of hours worked per year (2080 hours for full-time employment with a 40-hour work week and no overtime).
 - Multiply weekly wages by 52.
 - Multiply biweekly wages by 26.
 - Multiply semimonthly wages by 24.
 - Multiply monthly wages by 12.

Learning Activity 4-1: Converting Income to an Annual Figure

Ms. Randall receives a total of \$358 semimonthly from public assistance for herself and her two children.

Annual Income		Monthly Income	
---------------	--	----------------	--

Mr. Price receives a gross wage of \$1,275 biweekly.

Annual Income		Monthly Income	
---------------	--	----------------	--

Mr. Pfeiffer earns \$1,810 per month from his job as a sales clerk.

Annual Income		Monthly Income	
---------------	--	----------------	--

Learning Activity 4-2: Summary of Types of Income

EMPLOYMENT INCOME

Count the full amount, prior to payroll deductions. Includes overtime, commissions, fees, tips, and bonuses.

NYCHA requires a minimum of two current and consecutive paystubs when calculating employment income. LIHTC developments require six consecutive paystubs.

- An average of paystubs is used:

Averaging Paystubs
Tenant is paid semi-monthly and provides NYCHA four paystubs
<ul style="list-style-type: none">• Paystub 1: \$725.80 for 5/1• Paystub 2: \$799.93 for 5/15• Paystub 3: \$730.48 for 6/1• Paystub 4: \$767.92 for 6/16
What is the annual income?

EARNED INCOME DISALLOWANCE (EID)

Congress removed the statutory authority for the EID. The EID is available only to families that are eligible for and participating on the program as of December 31, 2023 or before. No new families may be added on or after January 1, 2024.

MILITARY PAY

Count all regular pay, special pay, and allowances of a member of the armed forces (whether or not living in the dwelling). Exclude the special pay for exposure to hostile fire.

Section 4: Income

SOCIAL SECURITY

Include the gross amount of Social Security prior to Medicare deduction.

- For example, if an individual's gross SS payment is \$800 per month but \$135.50 is subtracted each month for the Medicare premium, include \$800 in the individual's annual income.
- The monthly Medicare premium may be deducted as a medical expense for elderly or disabled families.

If Social Security recipient's benefits are reduced to make up for prior SSA overpayments, the recipient's income should include the amount the Social Security agency will provide, not the amount that would have been provided if no error were made.

When a family member's benefits are garnished, levied, or withheld to pay restitution, child support, tax debt, student loan debt, or other debts, the PHA must use the gross amount of the income, prior to the reduction, to determine a family's annual income.

ANNUALIZING SOCIAL SECURITY USING EIV

PHAs are required to use the EIV-reported SS and SSI benefit amount unless the participant disputes the EIV-reported amount.

Example of Annualizing SS Income

SSA benefit letter lists monthly benefit amount as \$450.80

EIV displays amount as \$450

How should this be annualized?

- Use the amount in EIV unless the participant disputes this information
- $\$450 \times 12 = \$5,400$

APPLYING SSA COLA

The Social Security Administration announces the cost-of-living adjustment (COLA) for Social Security benefits each October.

- In some years, there is no COLA for SS benefits.

In years in which a COLA is applied, effective the day after the SSA has announced the COLA, NYCHA is required to factor in the COLA when determining SS and SSI income for all annual and interim recertifications of family income that have not yet been completed, and will be effective January 1 or later of the upcoming year.

- When a COLA is applied, NYCHA staff documents the calculation on the EIV report or detail that it was used in NYCHA's database to leave a clear audit trail.

Example of Applying a COLA

EIV shows that tenant David Singer currently receives \$500 per month in Social Security

You are working on his annual reexamination in November, which is effective February 1 of the following year

The COLA was announced in October as 3.6% for the following year

How should his Social Security be annualized?

- First calculate the COLA
- $\$500 \times 3.6\% = \18
- His new benefit amount for the following year is \$518
- Effective for his February 1st reexamination the following year:
- $\$518 \times 12 = \$6,216$

Section 4: Income

Learning Activity 4-3: Calculating Annual Income

Family name: Lu		
Head: wages	3 paystubs, paid biweekly: \$826 \$803 \$798	
Spouse: Social Security	\$550/month	Annual income:

Family name: Rios		
Head: child support	\$250 semimonthly	
Head: employment	\$19.43/hour (40 hrs/wk)	Annual income:

Family name: Tilden		
Head: unemployment	\$450 weekly	
Son: FT student, 19 yrs, wages	\$12.50/hour (20 hrs/wk)	Annual income:

INCOME EXCLUSIONS**INCOME EXCLUDED UNDER HUD REGULATIONS AND
FEDERALLY MANDATED INCOME EXCLUSIONS**

Sources of income excluded, under either HUD regulations or federally mandated, are not counted when conducting annual or interim recertifications. It is not essential to understand which exclusions are under HUD regulations or which are federally mandated; it is, however, essential to have access to a current list of exclusions so that these sources of income are excluded from determination of income.

Income exclusions are listed in Chapter 10.

Section 5 Assets and Asset Income

Annual income includes amounts derived from assets to which family members have access.

REVIEW

Review source documents in the file regarding assets and income from assets. Refer to MMCHII and ACOP for acceptable verifications.

Tenants are required to complete and submit NYCHA Form 040.583, Third Party Verification of Assets on Deposit. All assets are verified annually.

Verification is not required for an asset disposed of for less than fair market value within the previous two years. Staff may require a tenant to complete *NYCHA Form 040.694, Disposition of Assets Notice*.

Assets	Definition of Terms
	<i>Actual anticipated income from assets</i> is the amount of income the assets are expected to produce in the upcoming 12 months.
	<i>Cash value of an asset</i> is the market value minus any verified reasonable costs that would be incurred when disposing of real property, savings, stocks, bonds or other forms of capital investments. Reasonable costs may include penalties for early withdrawal of funds, broker and legal fees for selling assets or converting them to cash, and/or settlement costs for real estate transactions.
	<i>Imputed asset income</i> is the cash value of all family assets, if the cash value of all family assets exceeds \$5,000, multiplied by NYCHA's set passbook rate. The passbook rate is .06%
	<i>Market value of an asset</i> is the worth of the asset if it were offered for sale on the open market.
	<i>Imputed asset</i> is an asset disposed of for less than fair market value during two years preceding the initial recertification or AR or IR.

ASSETS INCLUDE

Amounts in savings and checking accounts, stocks, bonds, savings certificates, money market funds, and other investment accounts.

- NYCHA requires a copy of the most recent statement for each account. The statement must list the asset type, account number, current balance, and interest or dividend rate.
- Regarding savings accounts, there are some exceptions regarding tax-advantaged savings accounts under the Achieving a Better Life Experience (ABLE) Act of 2014.
 - These accounts are for persons with disabilities. The beneficiary must meet the statutory eligibility requirements and there is a cap on annual deposits per state law.
 - Withdrawals and disbursements, contributions by third parties, and actual or imputed interest under these accounts are excluded.
 - However, if the ABLE beneficiary is employed, all earned income is counted, even if a portion is deposited into the ABLE account.
 - Contributions made by someone other than the beneficiary directly into the ABLE account are also excluded. That is, if a third party or relative contributes \$100 per month directly to the beneficiary, it would count as income, but if the third party or relative contributes \$100 per month directly into the ABLE account, it would be excluded.

The cash value of trusts that are available to a family.

- In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust.
- Any income distributed from a trust fund must be counted when determining annual income.

IRA, Keogh, and similar retirement savings accounts, even though withdrawal would result in a penalty

Section 5: Assets and Asset Income

Contributions to company retirement and pension funds if any member of the family has access to the asset.

- While an individual is employed, count as an asset only those amounts the family can withdraw without retiring or terminating employment.
- After retirement, include in annual income any benefits received through periodic payments from a retirement or pension fund.

Equity in real property (land owned or bequeathed) or other capital investments.

- Equity is the estimated current market value of an asset less:
 - The unpaid balance on all loans secured by the asset
- Calculate equity in real property as follows:
 - $\text{Market value} - \text{loan (mortgage)} = \text{equity}$

Assets that, although owned by more than one person, allow unrestricted access by the applicant.

Amounts from one-time lump-sum payments such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlements for personal or property losses when these amounts are retained and verified.

- **REMINDER:** A lump sum for a deferred periodic payment (such as unemployment and disability compensation, workers compensation, child support, and severance pay) is included in annual income. The exception to the deferred period payment rule is a lump sum for the delayed start of Social Security or SSI benefits, or a lump sum or prospective monthly amounts of deferred disability benefits from the Department of Veterans Affairs. Lump sums for the delayed start of these payments are not included in annual income and only become assets if amount from the lump sum is retained and verified (i.e., put into a savings account or CD).

Personal property held as an investment, such as gems, jewelry, coin collections, antique cars, etc.

Cash value of life insurance policies.

WHAT ASSETS DO NOT INCLUDE

Necessary items of personal property, such as furniture and automobiles

Assets not accessible to the family

Interest in Indian trust lands

Value of a home being purchased through the HCV Homeownership program

INCOME FROM ASSETS

Determining the amount of asset income to include in annual income requires NYCHA to calculate two values for each asset:

- Cash value
- Actual anticipated income

This is because the amount of asset income to include may be different depending on the total cash value of all family assets.

In order to comply with regulations and requirements, NYCHA must identify and verify:

- Assets
- Market value of assets
- Expenses involved to convert asset to cash
- Actual anticipated income from each asset

MARKET VALUE

Market value is the worth of an asset, that is:

- Amount in a Certificate of Deposit (CD)
- What a buyer would pay for real property

CALCULATION

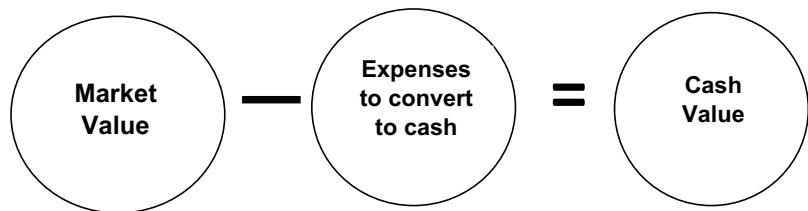
To accurately assess net family assets and income from assets, NYCHA staff must identify and verify:

- Each asset
- Market value of each asset (the worth of the asset)
- Expenses involved to convert the asset to cash (this is the cash value of the asset)

CASH VALUE

Cash value is the market value minus reasonable expenses that would be incurred by the family to sell or convert the asset to cash, such as:

- Penalties for early withdrawal
- Broker fees
- Settlement costs for real estate

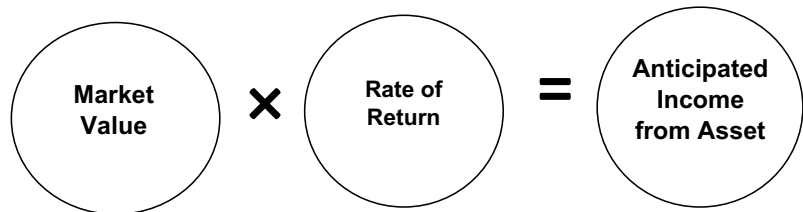


Example		
Dave owns a \$7,000 CD. The penalty for early withdrawal is \$400.		
Market value	\$	7,000
Less expenses to convert to cash	\$	400
Equals cash value	\$	6,600

The family is not required to actually convert an asset to cash.

ACTUAL INCOME FROM ASSETS

Actual anticipated income from each asset is derived from the market value multiplied by the interest or dividend rate.



Example		
Dave owns a \$7,000 CD. The penalty for early withdrawal is \$400. The CD earns 2.5% interest.		
Market value	\$	7,000
x interest rate of 2.5%	\$	175

Some assets generate no income, such as a non-interest-bearing checking account.

Income from assets when assets total \$5,000 or less:

- When the total cash value of all family assets is \$5,000 or less, the actual income the family receives from assets is included in annual income.

Income from assets when assets exceed \$5,000:

- When the total cash value of all family assets exceeds \$5,000, include in annual income the greater of:
 - Actual income from assets, or
 - Imputed asset income (total cash value of assets x NYCHA passbook rate of .006)
 - **Imputed asset income** is income that would be received from an asset if it were converted to cash and placed in a savings account earning the passbook rate of .006.
 - Imputed asset income only comes into play with the total cash value of all assets exceeds \$5,000.

PERCENTAGES AND DECIMALS

To convert a percentage to a decimal, divide by 100. This results in the decimal point being two places to the left.

- For example, 2.5 percent is $2.5 \div 100$, or .025.

To convert a decimal to a percentage, multiply by 100 (move the decimal point two places to the right).

- For example, $.006 \times 100$ is .6 percent.

Learning Activity 4-4: Assets and Income from Assets**Scenario**

Julius F. and his wife, Shana, live in public housing. Here are the family's assets:

- Julius has stocks of \$3,400, which earn 3.2 percent interest. If he were to sell the stocks, he would pay \$160 in brokers' fees.
- Shana has a non-interest-bearing checking account of \$1,240.

Instructions

Calculate the family's assets and income from assets.

1. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Julius	Stocks	\$	\$	\$		\$
Shana	Checking	\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$		4.
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5.
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6.

Learning Activity 4-5: Assets and Income from Assets

Scenario

Henry Fulton and spouse Tai live in public housing. Henry is 72 and a person with disabilities. Tai is 66 and not disabled.

- They have a joint savings account earning 1.75 percent interest per year with a current balance of \$7,800.
- They also have a checking account with a current balance of \$900. Their checking account earns 1.2 percent interest per year.

Instructions

Calculate the family's assets and income from assets.

2. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Henry	Savings	\$	\$	\$		\$
Tai	Checking	\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$		4.
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5.
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6.

Section 6 Expenses/Allowances and Annual Adjusted Income

See *MMCHIII.VII.E. Deduction Verification* for a complete description of expenses/deductions.

The family's adjusted annual income is calculated by subtracting the HUD-defined allowances and expenses from the family's annual income. Adjusted income is annual income after making allowable deductions for:

- Dependents
- Elderly or disabled family status
- Unreimbursed childcare expenses
- Unreimbursed medical expenses - must be an elderly family or disabled family
- Unreimbursed disability assistance expenses

NYCHA software automatically assigns the elderly/disabled household allowance and dependent allowance. However, this assumes the household member information is input correctly.

Some families have many medical expenses, some of which may be reimbursed to the family by an agency or program. In order for a household to qualify for unreimbursed medical expenses, they must provide proof of their medical and disability expenses.

DEPENDENT ALLOWANCE

\$480 for each family member who is:

- Under 18 years of age, or
- Over 18 and
 - A full-time student, or
 - A person with a disability

The head, spouse, cohead, foster child, foster adult, or live-in aide are never dependents.

A full-time student is a person who is attending school or vocational training on a full-time basis.

A full-time student is one carrying a full-time subject load (as defined by the institution) at an institution with a degree or certificate program.

ELDERLY/DISABILITY ALLOWANCE

\$400 per family where the head, spouse or cohead is a person who is at least 62 years of age or a person with disabilities.

The family allowance amount is \$400. If both the head of household and spouse or cohead are elderly or disabled, the allowance is not doubled. It is still \$400.

MEDICAL EXPENSES

NYCHA must deduct unreimbursed medical expenses of any elderly family or disabled family.

If the household is eligible for a medical expense deduction, the medical expenses of all family members is counted.

This allowance is equal to the amount by which medical expenses (and disability assistance expenses, if any) exceed three percent of total annual income.

Medical expenses are those that are anticipated during the period for which annual income is computed and that are not reimbursed or covered by insurance.

NYCHA uses the most current IRS Publication 502, Medical and Dental Expenses, to determine which expenses are qualifying medical expenses. Refer to <http://www.irs.gov/pub/irs-pdf/p502.pdf> for a complete list.

Refer to NYCHA's ACOP for a more detailed explanation of medical expenses.

To verify medical expenses, family declares on the AOI and receipts must be provided for:

- Fees paid for medical care and treatment
- Medical bills for services from healthcare facilities and health care professionals
- Medical insurance premium documents
- Printouts (without confidential medical information) or statement from pharmacies for out-of-pocket expenses for prescription and nonprescription medicines.
- Proof of purchase for medical equipment.

Note: Staff must not request or file medical records or information that contains the person's medical condition, prescription medicines, or other confidential medical information.

DISABILITY ASSISTANCE EXPENSE

This deduction is for reasonable anticipated expenses for attendant care and auxiliary apparatus for family members with disabilities:

- If they are necessary to enable an adult family member to be employed. (This may be the disabled member.)
- Provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source.

This allowance is not limited to elderly families and disabled families; if a family includes a family member who meets the HUD definition of person with disabilities, and the family pays for attendant care or auxiliary apparatus that enables an adult in the family to work, the family qualifies for this deduction.

This deduction cannot exceed the earned income received by family members who are able to work because of such qualified expenses.

- If the disability assistance expense enables more than one person to be employed, NYCHA must combine the income of those persons to determine the cap.

This allowance is equal to the amount by which the cost of the care attendant or auxiliary apparatus (plus any unreimbursed medical expenses) exceeds three percent of gross annual income.

Auxiliary apparatus are items such as wheelchairs, ramps, adaptations to vehicles, or special equipment to enable a blind person to read and write, but only if these items are directly related to permitting the disabled person or other family member to work.

Learning Activity 4-6: Medical/Disability**Scenario**

The Alden family qualifies for the medical expense deduction. The Alden family's total annual income is \$23,500.

Instructions

All the following are unreimbursed expenses that the family pays out of pocket. Calculate total annual anticipated medical expenses from the following information:

Medical and Disability Expenses Deductions if Applicable – QA Program Manager Calculation from Supporting Documents					
Family member name	Type of expense	Expense amount	Frequency	Annual expense amount	Annual unreimbursed expense amount
	Health insurance premium	\$ 55	Monthly	\$	\$
	Eyeglasses for HoH and Spouse	\$ 300	Annually	\$	\$
	Doctor visits, 4 x/year for \$20 each visit	\$ 20	Quarterly	\$	
	Anticipated yearly prescription and nonprescription costs	\$ 426	Annual	\$	
	Balance due on a medical bill of \$325 – (will be paying it off at \$15/month)	\$ 15	Monthly	\$	
Total annual unreimbursed medical expenses (Item) put in 16.					\$

Overview of Pre-HOTMA Rent Calculation

Section 6: Expenses/Allowances and Annual Adjusted Income

Then enter into AR RRT:

3. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$
12	Medical/disability threshold: 8 x .03		\$
13	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		
14	Maximum disability deduction: If 13 minus 12 is positive or zero, put amount:		\$
		If negative and head/spouse/cohead is under 62 and not disabled, put 0	
		If negative and head/spouse/cohead is elderly or disabled, copy from 13	
15	Allowable disability assistance expense: copy from 14		\$
16	Total annual unreimbursed medical expenses		\$
17	Total annual disability assistance and medical expenses: 15 + 17 (if there are no disability expenses, copy from 16)		\$
18	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate 17 minus 12	\$
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19	Elderly/disability household deduction (\$400)		\$
20	Number of dependents		
21	Dependent deduction: #20 X \$480		\$
22	Total annual unreimbursed & verified childcare costs		\$
23	Total deductions: 18 + 19 + 21 + 22		\$
24	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$

CHILDCARE EXPENSES

Amounts anticipated to be paid by the family during the period for which annual income is computed, for children under 13 years of age, including foster children.

- Where the care is necessary to enable a family member to:
 - Actively seek employment,
 - Be gainfully employed, or
 - Further their education
- BUT only to the extent such amounts are not reimbursed.

Amounts will reflect reasonable charges for childcare.

- In line with HUD regulations, NYCHA determines whether childcare costs are “reasonable.” Reasonable means reasonable for the care being provided. Reasonable costs for in-home care may be different from reasonable daycare center costs.
- Families choose the type of care to be provided. NYCHA does not decide if the household should receive a deduction only for the least expensive type of care available to the household. NYCHA also does not deny childcare deductions because there is an unemployed household member who may be available for childcare.

Childcare expenses deducted to permit employment may not exceed the amount of employment income included in annual income.

Learning Activity 4-7: Calculation of Childcare Expenses

Beck Walker's annual income is \$44,590, all from employment.

They have three children:

- River, aged 11, who has childcare after school for two hours each school day.
- Shilo, aged 4
- Madison, aged 6 months

Beck states in their AOI, and NYCHA verifies, the following out-of-pocket expenses for Beck:

- Beck pays \$110 per week for River to be in an after school program during the school year. In the three months of summer, Beck pays \$640 per week for River to be in a day camp.
- Beck pays \$12,000 per year to Shilo and Madison's childcare center for the care of both children.

Calculate Beck's childcare costs.

Section 7 Total Tenant Payment and Rent

Tenant rent and final outcome of the QA review is covered in Chapter 8, since TTP and rent calculations are the same for pre-HOTMA and HOTMA ARs and IRs.

Section 8 Chapter 4 Quiz

1. EIV is used as a third-party verification and for use as income determination for annual and interim recertifications for the following source(s) of income:
 - a. Employment (wages)
 - b. Social Security Disability
 - c. SSI
 - d. All the above
 - e. b and c
2. The Cost-of-Living Adjustment (COLA) for Social Security benefits must be factored in to all annual and interim recertifications in process effective the day after the Social Security Administration announces the COLA.
 - a. True
 - b. False
3. If, when processing an annual recertification, staff entered the incorrect income (which could be an error of the amount or frequency), and it results in the tenant paying the incorrect rent, staff must:
 - a. Process an interim recertification to correct the error if the annual recertification has gone into effect
 - b. Process a retroactive charge to the tenant if the tenant has underpaid rent
 - c. Process a post-annual adjustment if the annual recertification has not gone into effect
 - d. Note the file and not process an interim recertification or a post-annual adjustment if the amount of error is \$360 or less in annual adjusted income
 - e. None of the above
 - f. a and c

Section 8: Chapter 4 Quiz

4. NYCHA will conduct an interim recertification to increase rent when:
 - a. A tenant experiences any increase in earned income
 - b. For zero income families, when an income source has been restored after the tenant's rent was reduced during a previous interim recertification
 - c. A tenant experiences an increase in earned or unearned income that adds up to more than 10 percent of the family's annual adjusted income
 - d. When a family experiences any decrease in unreimbursed expenses in medical or disability assistance or childcare

CHAPTER 5 Conducting the Pre-HOTMA QA Review with the RRT

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Identify how to access files to be reviewed
- Identify the process and steps involved in an MSD QA file review
- Calculate income, income from assets, and expenses/deductions from source documents
- Identify discrepancies between your calculation and the calculation on the Case Assessment
- Distinguish the final outcome of the file review

PREPARING TO REVIEW

Each month, Annual Recertifications (ARs) and Interim Recertifications (IRs) are selected randomly by NYCHA software for review. ARs and IRs are selected that have been processed within six months of the random selection.

You will conduct the review using the following:

- The tenant e-file Case Assessment submitted for the AR or IR
- The AOI, verifications and other source documents in the tenant e-file supporting the AR or IR, including EIV and IVT reports
- The QA Recertification Review Tool (RRT)

Section 1 Assign the AR or IR

Begin the review by opening the tenant file, and assign it to yourself:

MSD QA RRT Checklist and Review Analysis					
QA Program Manager:	Lee Simmons				Date of Review: 5-1-25
Case Number:	Action Type:	<input checked="" type="checkbox"/> AR	<input type="checkbox"/> IR	<input type="checkbox"/> OTI	Effective Date: 1-1-25
Service Request #				Development:	
Review Period:				Quarter:	

We will use this tenant file throughout as we display the RRT.

Section 2 Core Documents

HUD AND NYCHA REQUIREMENTS

NYCHA must verify all information that is used to establish the family's eligibility and level of assistance and is required to obtain consent forms from the family in order to collect the information. HUD requires NYCHA to obtain third-party verification of:

- Reported family annual income;
- The value of net family assets;
- Expenses related to deductions from annual income; and
- Other factors that affect the determination of adjusted income and rent.

HUD mandates the use of the Enterprise Income Verification (EIV) system and developed a hierarchy, described in more detail in Chapter 4. HUD's EIV system contains data showing earned income, unemployment benefits, social security benefits, and SSI benefits for participant families. The income validation tool (IVT) in EIV provides:

- Wages from current and prior quarter
- Social Security benefits from current and prior quarter
- Unemployment start and end dates
- Employment start and end dates
- Employer name and address
- Discrepant quarters highlighted in red
- Data extract date – when the data was pulled
- Effective date of the family's latest form HUD-50058

NYCHA is required to obtain an EIV Income and IVT report for each family at annual reexamination (AR). NYCHA does not utilize EIV for IRs.

AFFIDAVIT OF INCOME (AOI)

The AOI is the form filled out by the tenant, providing information required for ARs. The AOI can be completed either online or on paper. The AOI form is in Chapter 2.

Section 3 Review Core Documents

RRT – CORE DOCUMENTS

The RRT includes a checklist of all core documents that should be in the file for an AR or IR. If a document is not relevant, mark “N/A”. If a document should be in the file but is not, mark “N”.

You may not be able to answer all questions here until full review of file.

- Examples:
 - You will need to review income sources and verifications for all family members before you can answer question #5.
 - Assessing the age and relationship to head of household (HoH) can affect your answer to question #8.

Note that you will need to review the AOI for all household members in order to complete this section of the RRT.

Section 3: Review Core Documents

1. Core Documents					
	Yes	No	N/A	Description	Comments
1. Annual Recert processed within 12 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"N/A" if review is for an IR	
2. Interim Recert processed within 60 days of receipt of supporting documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"N/A" if review is for an AR	
3. Third Party Verification- Consent to Release Information in file for all eligible members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For ARs. Signed by all adult household members age 18+ and HoH and spouse/cohead regardless of age.	Until third quarter 2024, signed at move-in and at each AR. Beginning third quarter 2024 for move-ins and ARs, NYCHA form 040.608 (Rev 2/7/24 v4) is signed once.
4. NYCHA Recertification Assistance Consent Form in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		For both ARs and IRs. Signed by HoH and spouse/cohead.	
5. Adequate third-party supporting documents for verifications in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		See MCHII.VII. for verification requirements.	
6. EIV/IVT Income Reports for ARS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Is Affidavit of Income (AOI) completed by all household members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If review is for an IR, only changes must be declared on the AOI	
8. Are full-time student verification documents in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not apply to the HOH, spouse/cohead, foster child/adult or live-in aide.	
9. Is the Declaration of Citizenship Status form for new permanent household member in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New family member declaring EC must have proof of birth and SSN. New family members claiming EN under the age of 62 need USCIS verification.	
10. Is the Zero Income Questionnaire completed?	<input type="checkbox"/>	<input type="checkbox"/>			

EXPLANATION:	<p>1. Annual Recertification processed within 12 months:</p> <ul style="list-style-type: none"> i. The effective date of the AR must be processed within 12 months. The annual effective date is based on the move-in date; for example, if a tenant leases up on May 14th, the AR effective date is May 1st. ii. The AR must be processed at least 30 days before the AR effective date, as any rent increase requires at least 30 days' notice.
	<p>2. Interim Recertification (IR) processed within 60 days of receipt of supporting documents. IR's, whether resulting in an increase or decrease in rent, must be processed within 60 days of the tenant request for the IR, or NYCHA determination that an IR is required.</p>
	<p>3. Third Party Verification – Consent to Release Information – in file for all eligible members?</p> <p>NYCHA Form 040.608, Third Party Verification – Consent to Release Information must be in the file for each AR and for any new family member added to the household for an IR before third quarter 2024. This form was valid for eighteen (18) months from the date it was signed. This form was used. NYCHA Form 040.608, Third Party Verification – Consent to Release Information must be in the file for each AR and for any new family member added to the household for an IR.</p> <p>This form gives NYCHA permission to access HUD's EIV system and other third-party sources for income verification purposes for each adult member of the household.</p> <p>Effective third quarter 2024, the updated NYCHA form 040.608 (Rev 2/7/24 v4) is signed only once by tenant, co-tenant (if any), authorized household member(s) aged 18 and older, and by any new adult family member added to the household.</p>
	<p>4. NYCHA Recertification Assistance Consent Form in file?</p> <p>Required for both ARs and IRs. Signed by HoH and spouse/cohead.</p>
	<p>5. Adequate third-party supporting documents for verifications in file?</p> <p>See MCHIII.VI. for full description of verification requirements. For an IR, all income, assets, and expenses/deductions that affect calculation of rent must follow HUD's verification hierarchy. If third-party verification (HUD EIV reports, family-provided documents, third-party written verification form, or oral third-party verification) is not available, the person conducting the recertification must document why third-party verification is not in file and therefore family self-certification is used.</p> <p>For an AR, only information that has changed since the last AR must be verified, following HUD's verification hierarchy.</p>

	<p>6. EIV/IVT Income Report: (see full description of HUD's EIV system in MMCHIII, VII.A.)</p> <ul style="list-style-type: none"> i. The EIV Summary report is mandatory for each AR, to verify identity status of each tenant and authorized household member ii. The Income Validation Tool (IVT) Report is required for each AR, to confirm and validate tenant-reported income. iii. Existing Tenant Search is required when processing permanent additional household member requests. iv. Former Tenant Search is required when processing permanent additional household member requests. v. EIV Immigration Report
	<p>7. Affidavit of Income (AOI) completed by all permanent household members? If review is for an IR, only changes must be declared on the AOI.</p>
	<p>8. Are full-time student verification documents in file? Applies to permanent household members (except HoH, spouse/cohead) 18+ who declare on the AOI that they are attending school full-time. The educational institution must verify full-time status.</p>
	<p>9. Is the NYCHA Form # 040.601 Declaration of Citizenship Status Declaration of Citizenship form in file for new permanent household member(s) added to household? New family members declaring Eligible Citizenship status must have proof of birth and Social Security Number. New family members age 62+ declaring Eligible Noncitizen status need proof of birth. New family members under the age of 62 declaring Eligible Noncitizen status need USCIS verification.</p>
	<p>10. Zero-income affidavit and/or worksheet completed? If a tenant reports zero household income, the Housing Assistant must have the tenant complete NYCHA Form 040.481, "Zero Income Questionnaire". If a household reports zero income, NYCHA's software generates the Zero Income Questionnaire and GSD mails it to those tenants who reported zero household income. The family is responsible for submitting the Zero Income Questionnaire.</p>

Section 4 Household Members

RRT – HOUSEHOLD

Based on your review of core documents, indicate in the RRT the status of all household members.

Following is the RRT household section:

Section 4: Household Members

2. Household									
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Codes:		Citizenship codes:							
H = head S – spouse K = co-head F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L – live-in aide A = other adult		EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification							

Section 4: Household Members

RRT – HOUSEHOLD COMPARISON

Based on your review of core documents, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Household Comparison					
	E-File	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total # in household			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of live-in aides			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of foster children/foster adults			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of family members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of ineligible noncitizen permanent household members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of permanent household members w/immigration verification status pending			<input type="checkbox"/>	<input type="checkbox"/>	
Is head, spouse/cohead senior/disabled?			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of dependents			<input type="checkbox"/>	<input type="checkbox"/>	

Learning Activity 5-1: Household Composition

Scenario

You are reviewing an AR effective January 1, 2025. The AOI and verifications in the e-file case assessment indicate the following:

Lee Simmons and her daughter, Tam, live in a NYCHA public housing apartment. Lee's DOB is 2/16/1982. Tam's date of birth is 6/26/2005.

The e-file shows that Lee was coded as “N” for “Disability” for the AR. Lee does not receive SSA benefits. There is a verification in the e-file from Lee's physician verifying that Lee meets the HUD/Social Security definition of “person with disability.” The family reported and submitted verification of medical expenses.

At last year's AR, there was verification that Tam was a full-time student at NYU. Although the family's AOI states that Tam is a full-time student, you note that there is no verification of full-time student status since last AR. Tam is coded as “E” in the e-file.

Instructions

Fill out the Household section of the RRT, below.

Conducting the Pre-HOTMA QA Review with the RRT

Section 4: Household Members

3. Household									
E-File	Last Name Simmons	First Name Lee	DOB 2/16/82	10. Age on effective date of action 42	Relationship Code HoH	Citizenship EC	11. Disability (Y or N) N	SSN 111-222-3333	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name Simmons	First Name Tam	DOB 6/26/05	10. Age on effective date of action 20	Relationship Code E	Citizenship EC	11. Disability (Y or N) N	SSN 456-789-1011	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Relationship Codes:</u> H = head S – spouse K = co-head F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L – live-in aide A = other adult			<u>Citizenship codes:</u> EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification						

Section 4: Household Members

Now fill out the Household Comparison section of the RRT:

Household Comparison					
	E-File	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total # in household	2	2	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of live-in aides	0	0	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of foster children/foster adults	0	0	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of family members	2	2	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of ineligible noncitizen permanent household members	0	0	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of permanent household members w/immigration verification status pending	0	0	<input type="checkbox"/>	<input type="checkbox"/>	
Is head, spouse/cohead senior/disabled?	N		<input type="checkbox"/>	<input type="checkbox"/>	
Total # of dependents	1		<input type="checkbox"/>	<input type="checkbox"/>	

Section 5 Assets and Asset Income

RRT – ASSETS

Review the AOI and source documents in the e-file verifying type(s) of assets and income from assets. Ensure that all income from assets that should be included for purposes of rent calculation are included and calculated correctly. Based on your review of core documents, indicate in the RRT the family's assets and income from assets.

Following is the RRT assets section:

4. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$		4.
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5.
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6.

ASSETS COMPARISON

Based on your review of documents, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Assets Comparison					
	Assessment	File Review Data	Discrepancy ?		Comments on Discrepancies
			Yes	No	
Total cash value	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
4. Total anticipated income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
5. Imputed asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
6. Final asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Learning Activity 5-2: Assets and Income from Assets

Scenario

Lee Simmons indicated on the AOI and provided verification of a checking account of \$2,572 which earns 1.6 percent interest.

Lee also has stocks of \$5,320. If she were to sell the stocks, she would have to pay a broker's fee of \$190. Lee provides a document indicating that the stocks earn 4.2 percent interest.

Tam has a non-interest-bearing checking account of \$381.

NYCHA's passbook rate is .006.

Instructions

Complete the RRT tool assets section below:

5. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Lee	Checking	\$	\$	\$		\$
Lee	Stocks	\$	\$	\$		\$
Tam	Checking	\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$		4.
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5.
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6.

Assets Comparison

The e-file shows the following:

- Anticipated income from Lee's checking account = \$41 ($\$2,572 \times .016$)
- Anticipated income from Lee's stocks = \$215 ($\$5,130 \times .042$)
- Anticipated income from Tam's checking account = \$0

Based on your review of core documents, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Assets Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total cash value	\$ 8,083	\$ 8,083	<input type="checkbox"/>	<input type="checkbox"/>	
4. Total anticipated income	\$ 256	\$	<input type="checkbox"/>	<input type="checkbox"/>	
5. Imputed asset income	\$ 48	\$ 48	<input type="checkbox"/>	<input type="checkbox"/>	
6. Final asset income	\$ 256	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6 Income

See MMCHIII.III. for a complete description of income that is counted and income that is excluded.

All sources of income are counted unless specifically excluded by regulations. Furthermore, the relationship and situation of the individual family member also must be taken into consideration.

REVIEW

Review the AOI and source documents in the e-file verifying types of income to ensure that all income that should be included for purposes of rent calculation are included and calculated correctly, and that excluded income is not counted.

Each family member's income from all sources (unless excluded) is calculated from the source verification and indicated in the QA RRT.

RRT - INCOME

6. Income – QA Program Calculation from Supporting Documents							
Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income							\$
Total annual income (Item 8): Total Income plus Final Asset Income							\$

Section 6: Income

NYCHA INCOME TYPES

MMCHII Income Types		
a. ADOPTION	h. VETERAN'S AFFAIRS (VA) BENEFITS	o. WORKER'S COMPENSATION
b. FOSTER CARE	i. PENSION	p. STATE SUPPLEMENTAL PROGRAM (SSP)
c. CHILD SUPPORT	j. ANNUITY	q. SOCIAL SECURITY SURVIVOR'S BENEFIT
d. ALIMONY	k. PUBLIC ASSISTANCE	r. SOCIAL SECURITY
e. CONTRIBUTIONS	l. SELF-EMPLOYMENT	s. SOCIAL SECURITY DISABILITY
f. EMPLOYMENT (WAGES)	m. SUPPLEMENTAL SECURITY INCOME	t. SOCIAL SECURITY RETIREMENT
g. MILITARY PAY	n. UNEMPLOYMENT INSURANCE	

INCOME COMPARISON

Then review the income section in the e-file Assessment,

- Check that HA coded each income source correctly based on the Assessment Income Codes.
- Check that HA used HUD's verification of hierarchy. For wages, at least two most recent, consecutive paystubs are required.
- Check that amounts are calculated correctly.

Based on your review, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Income Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Section 6: Income

Learning Activity 5-3: Income***Scenario***

Following is what the documents in the e-file indicate:

Lee Simmons receives \$462 biweekly in worker's unemployment benefits.

Tam works part-time as a computer technician, earning \$233 semimonthly.

Instructions

Complete the RRT tool assets section below:

7. Income – QA Program Calculation from Supporting Documents							
Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
Lee					\$	\$	\$
Tam					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income							\$
Total annual income (Item #8): Total Income plus Final Asset Income							\$

Section 6: Income

Income comparison

The e-file shows the same calculation for Lee's worker's unemployment benefits. The e-file shows that the first \$480 of Tam's salary was counted.

Based on your review, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Income Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$ 12,748	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Section 7 Expenses/Allowances

See *MMCHIII.VII.E. Deduction Verification* for a complete description of expenses/deductions.

NYCHA software automatically assigns the elderly/disabled household allowance and dependent allowance. However, this assumes the household member information is input correctly.

You must check supporting documents in e-file and indicate any medical, disability assistance and/or childcare expenses.

REVIEW USING THE RRT

Check supporting documents in the e-file. If there are medical expenses/deductions, ensure that the family is an elderly family or disabled family. The family does not have to be an elderly or disabled family in order to qualify for disability assistance expenses.

If there are medical/disability assistance expenses, calculate on the worksheet in the QA RRT.

Medical and Disability Expenses Deductions if Applicable – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of expense	Expense amount		Frequency	Annual expense amount	Annual unreimbursed expense amount
		\$		Annual	\$	\$
		\$		Monthly	\$	\$
		\$	Annual	\$		\$
Total annual unreimbursed medical expenses (Item) put in 16.						\$

Section 7: Expenses/Allowances

If there are childcare expenses, calculate these expenses on the worksheet in the QA RRT.

Childcare Expenses – QA Program Manager Calculation from Supporting Documents if Needed for Childcare Expenses				
Family Member Name	Agency/Rep	Unreimbursed expense Amount	Frequency	Total unreimbursed amount
		\$		\$
Total annual unreimbursed childcare expenses. Put in line 22.				\$

Section 7: Expenses/Allowances

RRT – EXPENSES/ALLOWANCES – ANNUAL ADJUSTED INCOME

Calculate expenses and deductions in the QA RRT Tool

8. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$
12.	Medical/disability threshold		\$
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		
14.	Maximum disability deduction: If 13 minus 12 is positive or zero, put amount:		\$
		If negative and head/spouse/cohead is under 62 and not disabled, put 0	
		If negative and head/spouse/cohead is elderly or disabled, copy from 13	
15.	Allowable disability assistance expense: copy from 14		\$
16.	Total annual unreimbursed medical expenses		\$
17.	Total annual disability assistance and medical expense: 15 + 16 (if there are no disability expenses, copy from 16)		\$
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate 17 minus 12	\$
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household deduction (\$400)		\$
20.	Number of dependents		
21.	Dependent deduction: #20 X \$480		\$
22.	Total annual unreimbursed & verified childcare costs		\$
23.	Total deductions: 18 + 19 + 21 + 22		\$
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$

Section 7: Expenses/Allowances

ANNUAL ADJUSTED INCOME COMPARISON

Then compare your calculations to the AR or IR in the e-file Assessment in the e-file.

- If needed, fill out “Comparison of Medical/Disability Expenses” and/or “Comparison of Childcare Unreimbursed Expenses.”

Based on your review, indicate any discrepancies between the tenant e-file and your file review data. Provide comments/instructions for any discrepancy.

Comparison of Medical/Disability Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Comparison of Childcare Unreimbursed Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Childcare Expenses deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Section 7: Expenses/Allowances

Complete the RRT tool for Adjusted Income Comparison.

Adjusted Income Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
18. Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
19. Elderly/disability deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
20. Number of dependents			<input type="checkbox"/>	<input type="checkbox"/>	
21. Dependent deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
22. Allowable childcare costs	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
23. Total deductions	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
24. Adjusted annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Learning Activity 5-4: Adjusted Annual Income***Scenario***

We continue with the Lee Simmons household. The AOI and verifications in file show that Lee is paying out of pocket for the following medical expenses:

- Clinic visit once each quarter at \$40 per visit
- Prescription medication \$216 annually
- Glasses for Tam \$186 twice per year

Instructions

Complete the RRT tool below:

Comparison of Medical/Disability Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Medical/disability assistance deduction	\$ 0	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Conducting the Pre-HOTMA QA Review with the RRT

Section 7: Expenses/Allowances

9. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$ 17,868
12.	Medical/disability threshold: 8×0.03		\$
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		0
14.	Maximum disability deduction: If 14 minus 12 is positive or zero, put amount		\$ 0
		If negative and head/spouse/co-head is under 62 and not disabled, put 0	
		If negative and head/spouse/co-head is elderly or disabled, copy from 12	
15.	Allowable disability assistance expense: copy from 14		\$ 0
16.	Total annual unreimbursed medical expenses		\$
17.	Total annual disability assistance and medical expense: If no disability expenses, copy from 16.		\$
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate 17 minus 12	\$
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household deduction (\$400)		\$
20.	Number of dependents		
21.	Dependent deduction: $\#20 \times \$480$		\$
22.	Total annual unreimbursed & verified childcare costs		\$
23.	Total deductions: $18 + 19 + 21 + 22$		\$
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$

Section 7: Expenses/Allowances

Complete the Adjusted Income Comparison for the Simmons household

Adjusted Income Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
18. Medical/disability assistance deduction	\$ 0	\$	<input type="checkbox"/>	<input type="checkbox"/>	
19. Elderly/disability deduction	\$ 0	\$	<input type="checkbox"/>	<input type="checkbox"/>	
20. Number of dependents	1		<input type="checkbox"/>	<input type="checkbox"/>	
21. Dependent deduction	\$ 480	\$	<input type="checkbox"/>	<input type="checkbox"/>	
22. Allowable childcare costs	\$ 0	\$	<input type="checkbox"/>	<input type="checkbox"/>	
23. Total deductions	\$ 480	\$	<input type="checkbox"/>	<input type="checkbox"/>	
24. Adjusted annual income	\$ 12,268	\$	<input type="checkbox"/>	<input type="checkbox"/>	

TENANT RENT AND FINAL OUTCOME OF THE QA REVIEW

We will continue later with the Tenant Rent and final outcome of the QA review with the RRT in Chapter 8.

Section 8 Chapter 5 Quiz

1. The QA reviewer should start the QA review by reviewing the income and rent determined by NYCHA property staff.
 - a. True
 - b. False
2. The QA reviewer does not need to identify verifications for family net assets of \$5,000 or less, since self-certification is acceptable.
 - a. True
 - b. False
3. Some of the core documents the QA reviewer will look for include the following:
 - a. Affidavit of Income (AOI) completed by all permanent household members
 - b. NYCHA Form 040.608 Third Party Verification - Consent to Release Information
 - c. EIV/IVT Income Report
 - d. Verification from the educational institute if a household claims a full-time student
 - e. All the above

CHAPTER 6 The HOTMA Recertification Review Tool (RRT)

We will not cover the HOTMA RRT in detail until HUD finalizes its new Housing Information Portal (HIP) electronic reporting system. Following is a draft RRT, to be finalized after HUD publishes HIP notice and final 50058.

MSD QA RRT Checklist and Review Analysis				
QA Program Manager:				Date of Review:
Case Number:	Action Type:	<input type="checkbox"/> AR	<input type="checkbox"/> IR	Effective Date:
Service Request #			Development:	
Review Period:				Quarter:

1. Core Documents					
	Yes	No	N/A	Description	Comments
1. Annual Recert processed within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"NA" if review is for an IR	
2. Interim Recert processed within 60 days of receipt of supporting documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Third Party Verification-Consent to Release Information in file for all eligible members?	<input type="checkbox"/>	<input type="checkbox"/>		NYCHA requires a minor who turns 18 to sign at next annual.	Beginning third quarter 2024 for move-ins and ARs, NYCHA form 040.608 (Rev 2/7/24 v4) is signed once.
4. NYCHA Recertification Assistance Consent Form in file?	<input type="checkbox"/>	<input type="checkbox"/>		For both ARs and IRs. Signed by HoH and spouse/cohead.	
5. Adequate third-party supporting documents for all verifications in file both for ARs and IRs?	<input type="checkbox"/>	<input type="checkbox"/>		See MCHII.VII. for verification requirements.	
6. EIV/IVT Income Reports in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable to IRs	NYCHA requires EIV for Safe Harbor verification at AR.
7. Is Affidavit of Income (AOI) completed by all household members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If review is for an IR, only changes must be declared on the AOI	
8. Are full-time student verification documents in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not apply to the HOH, spouse/cohead, foster child/adult or live-in aide.	
9. Is the Declaration of Citizenship Status form for new permanent household member in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New family member declaring EC must have proof of birth and SSN. New family members claiming EN under the age of 62 need USCIS verification.	
10. Is the Zero Income Questionnaire completed by HoH?	<input type="checkbox"/>	<input type="checkbox"/>			
11. If family has net family assets that do not exceed \$50,000, verification in file?	<input type="checkbox"/>	<input type="checkbox"/>			NYCHA verifies annually.
12. If family has net family assets that exceed \$50,000 verification in file?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Is there a property ownership declaration in the AOI?	<input type="checkbox"/>	<input type="checkbox"/>			Self-certification on the AOI.
14. For families with 100% fixed income, full verification every three years, with COL applied in years 2 and 3?	<input type="checkbox"/>	<input type="checkbox"/>			Seibel to flag years in system.

The HOTMA Recertification Review Tool (RRT)

2. Household									
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-File	Last Name	First Name	DOB	10. Age on effective date of action	Relationship Code	Citizenship	11. Disability (Y or N)	SSN	Alien Registration No.
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Codes: H = head S – spouse K = co-head F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L – live-in aide A = other adult			Citizenship codes: EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification						

Household Comparison					
	E-File	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total # in household			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of live-in aides			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of foster children/foster adults			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of family members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of ineligible noncitizen permanent household members			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of permanent household members w/immigration verification status pending			<input type="checkbox"/>	<input type="checkbox"/>	
Is head, spouse/cohead senior/disabled?			<input type="checkbox"/>	<input type="checkbox"/>	
Total # of dependents			<input type="checkbox"/>	<input type="checkbox"/>	

The HOTMA Recertification Review Tool (RRT)

Non-Interim Reexamination Transaction Criteria	
1. Adding or removing hardship exemption for childcare deduction	6. Ending EID or excluding 50% of increase during second 12-month exclusion period
2. Updating or removing phased-in hardship relief for medical/disability expenses	7. Adding family member and the increase in adjusted income does not trigger an interim recertification (IR)
3. Adding or removing general hardship relief for medical/disability expense	8. Removing a family member and the increase in adjusted income does not trigger an interim recertification (IR)
4. Adding or removing minimum rent hardship	9. Adding/updating a permanent household member's or live-in aide's, foster child's or foster adult's Social Security number
5. Adding or removing live-in aide, foster child or foster adult	10. Updating a family member's citizenship status from eligible to ineligible or vice versa, resulting in a change to rent and/or utility reimbursement.

3. Assets – QA Program Manager Calculation from Supporting Documents

Family member name	Type of asset	Is this asset included in net family assets? ("N" if net family assets do not exceed \$50,000)	a. Market Value	b. Disposal Expense (subtracted from market value)	c. Cash value of asset (a-b)	d. Interest or Dividend Rate	e. Actual (anticipated) Income from Asset (a x d) (regardless of amount of net family assets)	f. Imputed Income (return from assets is unknown) from Asset (c x .004) ONLY if net family assets greater than \$50,000
			\$	\$	\$		\$	\$
			\$	\$	\$		\$	\$
			\$	\$	\$		\$	\$
			\$	\$	\$		\$	\$
			\$	\$	\$		\$	\$
			\$	\$	\$		\$	\$
g = total net family assets, h = total actual income, i = total imputed income					\$ g		\$ h	\$ i
j	Passbook rate (written as decimal)							.004
k	Final asset income: h + j							k.

Assets Comparison

	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
h. Total actual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
i. Imputed asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
k. Final asset income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

4. AR Income – Previous 12 Months – QA Program Calculation from Supporting Documents
Income from assets is always anticipated, except the PHA does not calculate assets or income from assets if PHA uses Safe Harbor document from means-tested federal assistance programs. TBD.

Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income							\$
Total Income plus Final Asset Income (3k)							\$

MMCHII Income Types

a. ADOPTION	h. VETERAN'S AFFAIRS (VA) BENEFITS	o. WORKER'S COMPENSATION
b. FOSTER CARE	i. PENSION	p. STATE SUPPLEMENTAL PROGRAM (SSP)
c. CHILD SUPPORT	j. ANNUITY	q. SOCIAL SECURITY SURVIVOR'S BENEFIT
d. ALIMONY	k. PUBLIC ASSISTANCE	r. SOCIAL SECURITY
e. CONTRIBUTIONS	l. SELF-EMPLOYMENT	s. SOCIAL SECURITY DISABILITY
f. EMPLOYMENT (WAGES)	m. SUPPLEMENTAL SECURITY INCOME	t. SOCIAL SECURITY RETIREMENT
g. MILITARY PAY	n. UNEMPLOYMENT INSURANCE	

Income Comparison

Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

5. IR Income – Anticipated – QA Program Calculation from Supporting Documents							
Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Total Income							\$
Total Income plus Final Asset Income (3k)							\$

MMCHII Income Types		
b. ADOPTION	h. VETERAN'S AFFAIRS (VA) BENEFITS	o. WORKER'S COMPENSATION
b. FOSTER CARE	i. PENSION	p. STATE SUPPLEMENTAL PROGRAM (SSP)
c. CHILD SUPPORT	j. ANNUITY	q. SOCIAL SECURITY SURVIVOR'S BENEFIT
d. ALIMONY	k. PUBLIC ASSISTANCE	r. SOCIAL SECURITY
g. CONTRIBUTIONS	l. SELF-EMPLOYMENT	s. SOCIAL SECURITY DISABILITY
h. EMPLOYMENT (WAGES)	m. SUPPLEMENTAL SECURITY INCOME	t. SOCIAL SECURITY RETIREMENT
g. MILITARY PAY	n. UNEMPLOYMENT INSURANCE	

Income Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Health and Medical and Disability Expenses Deductions – QA Program Manager Calculation from Supporting Documents if Applicable						
Family member name	Type of expense	Expense amount		Frequency	Annual expense amount	Annual unreimbursed expense amount
		\$		Annual	\$	\$
		\$		Monthly	\$	\$
		\$	Annual	\$		\$
Total annual unreimbursed medical/disability expenses (Item) put in 16.						\$

Health and Medical and Disability Expenses Hardship Exemption – QA Program Manager Calculation from Supporting Documents if Applicable					
Does family qualify for a phase-in exemption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: automatic for families whose unreimbursed expenses exceed 5 percent of annual income		
When an eligible family's phased-in relief begins at an interim reexamination, PHA must process another transaction (either an interim reexamination or non-interim transaction, as applicable) one year later to move the family to the next phase.					
First 12 months	5 percent:	\$	Start date:	End date:	
Second 12 months	7.5 percent:	\$	Start date:	End date:	
At end of 24 months	10 percent:	\$	Start date:	End date:	
Did family request a general exemption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" and approved, discontinue phase-in exemption and calculate below:		
90-day increment	5 percent:	\$	Start date:	End date:	
Did family request an extension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "yes" and approved, calculate below:		
90-day increment	5 percent:	\$	Start date:	End date:	

Childcare Expenses – QA Program Manager Calculation from Supporting Documents if Needed for Childcare Expenses				
Family Member Name	Agency/Rep	Unreimbursed expense Amount	Frequency	Total unreimbursed amount
		\$		\$
		\$		\$
Total Expenses (Item 22)				\$

Childcare Expense Hardship Exemption – QA Program Manager Calculation from Supporting Documents if Applicable			
Did family request a hardship exemption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If “yes” and approved:
	Start date:		End date: 90 days after start date:
	Amount:	\$	
Did family request an extension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If “yes” and approved:
	Start date:		End date: 90 days after start date:
	Amount:	\$	

6. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$
12.	Medical/disability threshold 8×0.10		\$
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		
14.	Maximum disability deduction: If 13 minus 12 is positive or zero, put amount:		\$
		If negative and head/spouse/cohead is under 62 and not disabled, put 0	
		If negative and head/spouse/cohead is elderly or disabled, copy from 13	
15.	Allowable disability assistance expense: copy from 14		\$
16.	Total annual unreimbursed medical expenses		\$
17.	Total annual disability assistance and medical expense: $15 + 16$ (if there are no disability expenses, copy from 16)		\$
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate $17 \text{ minus } 12$	\$
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household allowance (\$525)		\$
20.	Number of dependents		
21.	Dependent deduction: $\#20 \times \$480$		\$
22.	Total annual unreimbursed & verified childcare costs		\$
23.	Total deductions: $18 + 19 + 21 + 22$		\$
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$

Comparison of Medical/Disability Expenses if Applicable

NOTE: only elderly/disabled families are eligible for medical expenses. If family qualifies, all permanent family members' medical expenses are taken into account.

Disability assistance expenses are for auxiliary apparatus or care attendant to person with disabilities (HUD/Social Security definition) that enable an adult permanent household member to work (person working could be the disabled household member).

	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Comparison of Childcare Unreimbursed Expenses if Applicable

	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Childcare expenses deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Adjusted Income Comparison

	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
18. Medical/disability assistance deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
19. Elderly/disability deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
20. Number of dependents			<input type="checkbox"/>	<input type="checkbox"/>	
21. Dependent deduction	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
22. Allowable childcare costs	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
23. Total deductions	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
24. Adjusted annual income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

7. Total Tenant Payment (TTP) – QA Program Manager Calculation		
8.	Total annual income	\$
25.	Household monthly adjusted income (#24 ÷ 12)	\$
26.	TTP if based on total monthly income: (#8 ÷ 12) x 0.10	\$
27.	TTP if based on 30% of monthly adjusted income: #25 X 0.30	\$
28.	Welfare rent per month (Based on HRA Rent Allowances Chart)	\$
32	TTP: Highest of lines 26, 27, or 28	\$
	Most recent TTP (check for Rent Change letter with at least 30 days' notice)	\$

TTP Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
26. TTP if based on total monthly income: (8 ÷ 12) x 0.10	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
27. TTP if based on 30% of monthly adjusted income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
28. Welfare rent per month	\$	\$			
32. TTP: Highest of lines 26, 27 or 28	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

8. Rent – QA Program Manager Calculation from Supporting Documents – if Mixed Family, fill out 7.m. Prorated Rent Calculation for Mixed Family		
32.	TTP	\$
33.	Unit's flat rent (Flat Rent Table)	\$
34.	Monthly tenant Rent (Lower of 32 or 33) If flat rent is lower, this is the rent	\$
42..	Utility allowance, (Base on Utility Allowance Table)	\$
	Tenant rent: 34 minus 42 (do NOT subtract if 33 is less than 32.)	
46.	If 32. minus 42. is a positive number or zero, indicate here	\$
45.	If 32 minus 42 is a negative number, indicate utility reimbursement payment here	\$

7.m. Prorated Rent Calculation (skip if not Mixed Family)		
33.	Public housing flat rent	\$
43	Family maximum subsidy: 33 minus 32	\$
38	Total number eligible	
37	Total number in family	
35.	Eligible subsidy: (43 ÷ 37) x 38	\$
41.	Mixed family TTP: 33 minus 35.	\$
42.	Utility allowance, if any	\$
	Mixed family tenant rent: 41. minus 42.	
39.	If positive or zero, indicate here	\$
45.	If negative number, indicate utility reimbursement payment here	\$

Additional Charges		
	Additional charges (on lease addendum)	\$
2.	Actual Total Monthly Rent (34 plus additional charges)	\$

Rent Comparison					
Assessment Fields	File	QA PM Review	Discrepancy?		Comments
			Yes	No	
32. TTP:	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
33. Unit's flat rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
34. Monthly Tenant Rent	\$		<input type="checkbox"/>	<input type="checkbox"/>	
42. Utility allowance	\$		<input type="checkbox"/>	<input type="checkbox"/>	
46. Tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Charges	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
2. Actual Total Monthly Rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
42. Mixed family tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
44. LIHTC rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

9. Final Outcome of MSD QA File Review		
<input type="checkbox"/> Fail (Check all that apply below)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass w/Comments
<input type="checkbox"/> Administrative Error		
<input type="checkbox"/> Income/Assets/Expenses		
<input type="checkbox"/> Delayed Recertification > 60 days		
<input type="checkbox"/> Verification Error		
Fail Reason(s)		
Fail Errors:		<i>Note: the below are defined by NYCHA's compliance requirements. There may be more than one Fail Error.</i>
Administrative Error	Rent calculation/arithmetic errors.	
Income/Assets/Expenses	Incorrect gathering or submission of documents; failure to include a source of income or deduction, or including an excluded source of income.	
Delayed Recertifications > 60 days	Applicable to ARs. Delays in both PHA and Tenant compliance.	
Verification Error	NYCHA gaps in verifying income/assets/expenses provided by the Tenant 3 rd -party verification process.	
If NYCHA owes Tenant a Credit or if Tenant owes Retroactive Rent		
<input type="checkbox"/> Check if NYCHA owes Credit to Tenant		
<input type="checkbox"/> Check if Tenant owes Retroactive Rent		

8.a. Credit Owed to Tenant from Overpayment of Rent. Complete Worksheet in Appendix B.				
	Yes	No	N/A	Instructions
1. Was tenant overcharged for rent?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Amount of credit owed to tenant, after calculation.				
3. Total owed to Tenant by NYCHA			\$	

8.b. Retroactive Rent Owed by Tenant. Complete Worksheet in Appendix C.				
	Yes	No	N/A	Instructions
1. If rent increased, did tenant report increase in a timely manner (30 days from change)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If answer to 1. is "No", calculate retroactive rent owed by tenant				
3. Total owed by tenant			\$	

10. Process Memo from MSD QA Program Manager to Property Manager and Neighborhood Administrator	
File reviewed by QA Program Manager	
MSD QA Program Manager Signature _____	Date _____
Sent to Neighborhood Administrator and Property Manager	Date _____
	Date _____
<input type="checkbox"/> PM certification of file corrected	
	DATE _____
<input checked="" type="checkbox"/> PM Request appeal of MSD QA review YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Reason for appeal:
Appeal Decision <input checked="" type="checkbox"/> Sustained <input type="checkbox"/> Not Sustained	Date _____
<input checked="" type="checkbox"/> File approved by MSD QA after correction by PM?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date _____

Notes

CHAPTER 7 Basic Highlights of HOTMA Rent Calculation

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to recognize new requirements under HOTMA:

- Recognize that HOTMA will change verification requirements.
- Recognize that under HOTMA, regulations define what is excluded as income, add new categories of excluded income, and establish new definitions of certain income that is included.
- Understand that HOTMA will require a new methodology for income determination for annual recertifications.

HOTMA IMPLEMENTATION DATE

HUD has not yet confirmed the date for full HOTMA implementation, which requires successful completion of the new Housing Information Portal (HIP) system, the electronic system for transmitting family information, including ARs and IRs. HIP will replace the current Public Information Center (PIC) system.

Section 1 Essential Verification Requirements

HOTMA CHANGES TO HUD'S VERIFICATION REQUIREMENTS

HOTMA added changes to verification requirements. HUD's mandatory reference for EIV is now Notice PIH 2023-27.

HOTMA also establishes some policy options for shortening the verification process utilizing EIV income reports. HOTMA also allows the agency to bypass the written third-party forms and oral verification hierarchy in certain circumstances.

Section 2 New Definitions of Annual Income

Annual Income

HOTMA changes HUD regulations to define income exclusions rather than what is included in annual income.

- *Annual income* includes, with respect to the family:
 - All amounts, not specifically excluded in the new HUD regulations, received from all sources by each member of the family who is 18 years of age or older or is the head of household or spouse of the head of household, and unearned income by or on behalf of each dependent who is under 18 years of age.
 - The regulations provide a comprehensive listing of all sources of income that are excluded from annual income.

HOTMA also significantly affects assets. When the value of the net family assets exceeds \$50,000 (\$51,600 in 2025, to be adjusted annually for inflation), imputed income from an asset is considered.

METHODOLOGY FOR CALCULATING ANNUAL INCOME

The methodology used for calculating annual income differs depending on whether income is being calculated at initial occupancy, interim reexamination, or as part of an annual reexamination.

- For initial occupancy/assistance and interim reexaminations, the family income for the upcoming 12-month period using current income is used, as has been the case.
- For all annual reexaminations, however, the family income for the previous 12-month period is used. In determining the income for the previous 12-month period, NYCHA will take into account any redetermination from an interim reexamination and any income changes that are not yet accounted for.

Section 3

HOTMA Regulations Regarding Certain Income Sources under HOTMA

HOTMA changes some definitions of income. The following HOTMA provisions are required for ARs and IRs effective by 7-1-25.

- HOTMA changes or adds definitions to *seasonal employment, self-employment* and *independent contractors*.
- HOTMA also requires agencies to count certain categories of student financial assistance that exceed actual covered costs.
- Periodic payments are categorized as *recurring income* and *nonrecurring income*. Nonrecurring income will be excluded from a family's annual income.

There will be many new exclusions to annual income under HOTMA.

Section 4 HOTMA Regulations Regarding Assets and Income from Assets

Unlike previous versions of the regulations, HOTMA regulations do not list types of assets that are included in annual income. Instead, HUD will rely on the definition of items excluded from assets to provide the scope of what is included.

When the combined value of all non-necessary personal property does not exceed the threshold (\$51,000 in 2024, \$51,600 in 2025) as adjusted by inflation, net family assets are not counted. However, actual income from assets (for example, interest income from checking or savings accounts) is always included in a family's annual income, regardless of the total value of net family assets.

When the combined value of net family assets is greater than \$50,000 (\$51,6000 in 2025), as adjusted annually by inflation, net family assets are counted (unless excluded by HUD regulation). NYCHA will include actual income from the asset where the rate of return is known. If actual returns cannot be calculated for a particular asset, NYCHA will calculate imputed income from that asset.

Section 5 HOTMA Changes to Expenses/Allowances

HOTMA does not change the definition of *dependent, elderly family*, or *disabled family*. However, the dependent deduction and elderly/disabled family deduction amount will change and will be adjusted annually by HUD.

HOTMA changes the *medical care deduction* to *health and medical care*. Under HOTMA, unreimbursed health and medical care expenses may be deducted to the extent that, in combination with any disability assistance expenses, they exceed *ten percent* of annual income.

HOTMA also establishes a new definition of *health and medical care expenses*. This definition is required for ARs and IRs effective by 7-1-25.

The definition of *disability assistance expenses* does not change under HOTMA. However, HOTMA adds new definitions for *eligible auxiliary apparatus* and *attendant care*. HOTMA also establishes hardship exemptions for health and medical expenses and/or disability assistance expenses to transition families to the new ten percent threshold.

HOTMA does not change the definitions or qualifications for the childcare expense allowance. HOTMA adds hardship exemptions for childcare expenses.

Section 6 Total Tenant Payment and Tenant Rent

Again, HOTMA did not change the formula for TTP and tenant rent, which is described in Chapter 8.

Notes

CHAPTER 8 Tenant Rent and Final Outcome of the QA Review

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Identify the QA review process for Tenant Rent utilizing the RRT
- Discern criteria for the outcome of the QA review:
 - Pass
 - Pass with comment
 - Fail
- Identify comment required on the RRT for each file that failed the QA review

Section 1 TTP and Tenant Rent

TOTAL TENANT PAYMENT

The TTP formula is the same for pre-HOTMA and HOTMA QA reviews.

See *MMCHIII.VII.E.* for detailed explanation of income-based TTP.

Total Tenant Payment (TTP)	
	<p>The TTP is the highest of</p> <ul style="list-style-type: none">• 30 percent of the family's monthly adjusted income• 10 percent of the family's monthly gross income• The welfare rent• Minimum rent
NOTE:	<p>Welfare rent - "Public Assistance." See HRA table below. NYCHA's Minimum Rent is zero.</p>

Section 1: TTP and Tenant Rent

HRA Rent Allowances from MCHill (“the welfare rent”)				
Number of Household Members on the Public Assistance Budget	Monthly Public Assistance Rent Allowance		Monthly Public Assistance Rent Allowance	
	Families Without Children	Families With Children	Families Without Children	Families With Children
1	\$215	\$277	\$2,580	\$3,324
2	\$250	\$283	\$3,000	\$3,396
3	\$286	\$400	\$3,432	\$4,800
4	\$312	\$450	\$3,744	\$5,400
5	\$337	\$501	\$4,044	\$6,012
6	\$349	\$524	\$4,188	\$6,288
7	\$403	\$546	\$4,836	\$6,552
8+	\$421	\$546	\$5,052	\$6,552
Public Assistance Rents for households with children: “children” are defined as household members: under 18 years of age, or 18 years of age and a full-time student regularly attending a secondary school, or the equivalent of vocational or technical training, or a pregnant woman whose pregnancy has been medically verified.				

Section 1: TTP and Tenant Rent

RENT

The formula to determine tenant rent remains the same under HOTMA. The formula for rent is TTP minus the Utility Allowance.

- Most of NYCHA's developments have no utility allowance, where NYCHA pays for all basic utilities and units are not metered individually.
- However, some of NYCHA's developments have units that are metered individually; these units have a utility allowance.
 - In these developments, if the utility allowance exceeds the TTP for the family occupying the unit, NYCHA pays a utility reimbursement, or credit, to the household.
- NYCHA maintains a utility allowance schedule that is reviewed annually and is adjusted whenever any rate has increased by 10 percent or more.

Tenant rent is the amount payable monthly by the family as rent to NYCHA.

Section 2 Total Tenant Payment and Tenant Rent on the RRT

The QA Reviewer calculates TTP below:

6. Total Tenant Payment (TTP) – QA Program Manager Calculation		
8.	Total annual income	\$
25.	Household monthly adjusted income (#8 ÷ 12)	\$
26.	TTP if based on total monthly income: (#25 x 0.10)	\$
27.	TTP if based on 30% of monthly adjusted income: [(#24 from Section 5 of RRT) ÷ 12 x 0.30]	\$
28.	Welfare rent per month (Based on HRA Rent Allowances Chart)	\$
32.	TTP: Highest of lines 26, 27, or 28	\$
	Most recent TTP (check for Rent Change letter with at least 30 days' notice)	\$

The QA Reviewer then compares their calculation to the AR or IR Case Assessment in the e-file and indicates any discrepancies, commenting on each discrepancy.

TTP Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
26. TTP if based on total monthly income: (8 ÷ 12) x 0.10	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
27. TTP if based on 30% of monthly adjusted income	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
28. Welfare rent per month	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
32. TTP: Highest of lines 26, 27 or 28	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Tenant Rent and Final Outcome of the QA Review

Section 2: Total Tenant Payment and Tenant Rent on the RRT

The QA Reviewer checks if there is any utility allowance associated with the unit. Rent = TTP minus utility allowance. If the utility allowance is higher than the TTP, a utility reimbursement payment (#45 below), is paid to the tenant.

If the tenant is paying flat rent, the QA Reviewer inputs the correct flat rent from *MMCHIII.VIII.G. Public Housing Flat Rent and MMCHIII Exhibits of Flat Rent Schedules*. There is no utility allowance subtracted from flat rent.

If unit's flat rent (#33 below) is less than the TTP (#32), then the flat rent is automatically assigned to the family.

7. Rent – QA Program Manager Calculation from Supporting Documents – if Mixed Family, fill out 7.m. Prorated Rent Calculation for Mixed Family		
32.	TTP	\$
33.	Unit's flat rent (Flat Rent Table)	\$
34.	Monthly Tenant Rent (Lower of 32 or 33)	If flat rent is lower, this is the rent
42..	Utility allowance, (Base on Utility Allowance Table)	\$
Tenant rent: 34 minus 42 (do NOT subtract if 33 is less than 32.)		
46.	If 32. minus 42. is a positive number or zero, indicate here	\$
45.	If 32 minus 42 is a negative number, indicate utility reimbursement payment here	\$

Tenant Rent and Final Outcome of the QA Review

Section 2: Total Tenant Payment and Tenant Rent on the RRT

If the family is a Mixed Family (one or more permanent members is not a citizen, national, or eligible noncitizen), the reviewer calculates prorated rent on the table below. If the family is not a Mixed Family, the reviewer proceeds to “Rent Comparison.”

7.m. Prorated Rent Calculation (skip if not Mixed Family)		
33.	Public housing flat rent	\$
43	Family maximum subsidy: 33 minus 32	\$
38	Total number eligible	
37	Total number in family	
35.	Eligible subsidy: $(43 \div 37) \times 38$	\$
41.	Mixed family TTP: 33 minus 35.	\$
42.	Utility allowance, if any	\$
	Mixed family tenant rent: 41. minus 42.	
39.	If positive or zero, indicate here	\$
45.	If negative number, indicate utility reimbursement payment here	\$

The QA Reviewer adds any additional charges from the lease addendum.

Additional Charges		
	Additional charges (on lease addendum)	\$
2.	Actual Total Monthly Rent (34 plus additional charges)	\$

The QA Reviewer compares their calculation to the AR or IR Case Assessment in the e-file and indicates any discrepancies with comments.

Tenant Rent and Final Outcome of the QA Review

Section 2: Total Tenant Payment and Tenant Rent on the RRT

Rent Comparison					
Assessment Fields	File	QA PM Review	Discrepancy?		Comments
			Yes	No	
32. TTP:	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
33. Unit's flat rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
34. Monthly Tenant Rent	\$		<input type="checkbox"/>	<input type="checkbox"/>	
42. Utility allowance	\$		<input type="checkbox"/>	<input type="checkbox"/>	
46. Tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Charges	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
2. Actual Total Monthly Rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
42. Mixed family tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
44. LIHTC rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 Final Outcome of the QA Review

EXPLANATION OF FILE REVIEW OUTCOMES

Pass: All calculations, required forms, and signatures are completed without error or omission.

Pass with Comment: All required forms are completed without error. Processing errors may be identified but do not impact the accuracy of the income and rent calculations. Also, the errors identified can be corrected without impacting the rent. Comment categories also include:

- Minor turned eighteen (18) but did not sign NYCHA Form 040.608, Third Party Verification - Consent to Release Information.
- Lack of adequate verification for assets and/or income from assets if total of family's assets is \$5,000 or less.
- Missing signatures on NYCHA discretionary documents.

Fail: There are four Fail categories.:

- Administrative error (rent calculation/math errors).
- Income/assets/expenses component errors (incorrect gathering or submission of documents).
- Delayed processing of recertification (delays in both NYCHA and tenant compliance) - includes late by more than 60 days.
- Verification error (NYCHA's gaps in verifying income/assets/expenses provided by the tenant or 3rd party).

COMPLETING THE REVIEW UTILIZING THE RRT

The QA Reviewer indicates the final outcome of the QA file review.

The reviewer **must** document “Fail Reason(s)” for any file that fails.

8. Final Outcome of MSD QA File Review		
<input type="checkbox"/> Fail (Check all that apply below)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass w/Comments
<input type="checkbox"/> Administrative Error		
<input type="checkbox"/> Income/Assets/Expenses		
<input type="checkbox"/> Delayed Recertification > 60 days		
<input type="checkbox"/> Verification Error		
Fail Reason(s)		
Fail Errors:	<i>Note: The below are defined by NYCHA's compliance requirements. There may be more than one Fail Error.</i>	
Administrative Error	<i>Rent calculation/arithmetic errors.</i>	
Income/Assets/Expenses	<i>Incorrect gathering or submission of documents; failure to include a source of income or deduction or including an excluded source of income.</i>	
Delayed Recertifications > 60 days	<i>Applicable to ARs. Delays in both PHA and Tenant compliance.</i>	
Verification Error	<i>NYCHA gaps in verifying income/assets/expenses provided by the Tenant 3rd-party verification process.</i>	
If NYCHA owes Tenant a Credit or if Tenant owes Retroactive Rent		
<input type="checkbox"/> Check if NYCHA owes Credit to Tenant, complete Worksheet in 8.a. below.		
<input type="checkbox"/> Check if Tenant owes Retroactive Rent, complete Worksheet in 8.b. below.		

Section 3: Final Outcome of the QA Review

If NYCHA overcharged rent to a tenant of any amount, NYCHA must credit the tenant. If a credit is owed, the reviewer completes the worksheet in Appendix B and fills out the section below.

8.a. Credit Owed to Tenant from Overpayment of Rent. Complete Worksheet in Appendix B.				
	Yes	No	N/A	Instructions
1. Was tenant overcharged for rent?	<input type="checkbox"/>	<input type="checkbox"/>		If "Yes", calculate credit owed to tenant.
2. Total owed to Tenant by NYCHA				\$

Following is a worksheet for retroactive credit to the Resident:

Worksheet – Credit Owed to Tenant	
Date of Worksheet: _____	
a. From _____	b. To _____ (add 30 days for processing)
RENT CHARGED BY NYCHA	RENT THAT SHOULD HAVE BEEN CHARGED
Tenant Rent \$ _____	Tenant Rent \$ _____
Difference \$ _____	X _____ (Number of Months)
Total Owed by NYCHA \$	
Prepared By _____	Approved By _____
Date _____	Date _____ p

Section 3: Final Outcome of the QA Review

If tenant underpaid rent due to a NYCHA error, there is no retroactive rent owed by the tenant. If tenant did not report an increase in income in a timely manner, NYCHA assesses the retroactive charge based on what the rent should have been, compared to what the tenant was charged. If retroactive rent is owed, the reviewer fills out the section below and completes the worksheet shown after this.

8.b. Retroactive Rent Owed by Tenant. Complete Worksheet in Appendix C.				
	Yes	No	N/A	Instructions
1. If rent increased, did tenant report increase in a timely manner (30 days from change)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>If "No", calculate retroactive</i>
2. Total owed by tenant				\$

Following is a worksheet for retroactive rent owed by the Resident:

NYCHA Quality Assurance Training

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

Date Tenant Should Have Reported Change by (<i>per PHA policy</i>): _____ 20____																		
If Reported Timely, Rent Should have Increased on (30-day notice for rent increase): <i>If an interim, refer to PHA's ACOP policy on interim increases:</i>																		
a. From _____ 20____		b. To _____ 20____																
REPORTED INCOME		ACTUAL INCOME																
SOURCE	ANNUAL AMOUNT	SOURCE	ANNUAL AMOUNT															
	\$ _____		\$ _____															
	\$ _____		\$ _____															
	\$ _____		\$ _____															
Total Annual Income	\$ _____	Total Annual Income	\$ _____															
ALLOWANCES: (TYPE)	AMOUNT	ALLOWANCES: (TYPE)	AMOUNT															
	\$ _____		\$ _____															
	\$ _____		\$ _____															
Total Allowances	\$ _____	Total Allowances	\$ _____															
Adjusted Annual Income	\$ _____	Adjusted Annual Income	\$ _____															
TTP	\$ _____	TTP	\$ _____															
U/A	\$ _____	U/A	\$ _____															
Tenant Rent	\$ _____	Tenant Rent	\$ _____															
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Amount of Tenant Rent for Reported Income:</td> <td style="width: 10%;">\$</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Amount Tenant Rent Should Have Been:</td> <td>\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td align="right">Difference</td> <td>\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td></td> <td align="right">X _____ (Number of Months)</td> </tr> <tr> <td align="right">Total</td> <td>\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>				Amount of Tenant Rent for Reported Income:	\$		Amount Tenant Rent Should Have Been:	\$		Difference	\$				X _____ (Number of Months)	Total	\$	
Amount of Tenant Rent for Reported Income:	\$																	
Amount Tenant Rent Should Have Been:	\$																	
Difference	\$																	
		X _____ (Number of Months)																
Total	\$																	

NYCHA Quality Assurance Training

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

If Income Changed After Previous Page., Continue Here:			
a. From _____ 20____		b. To _____ 20____	
REPORTED INCOME		ACTUAL INCOME	
SOURCE	ANNUAL AMOUNT	SOURCE	ANNUAL AMOUNT
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Annual Income	\$ _____	Total Annual Income	\$ _____
ALLOWANCES: (TYPE)	AMOUNT	ALLOWANCES: (TYPE)	AMOUNT
	\$ _____		\$ _____
	\$ _____		\$ _____
Total Allowances	\$ _____	Total Allowances	\$ _____
Adjusted Annual Income	\$ _____	Adjusted Annual Income	\$ _____
TTP	\$ _____	TTP	\$ _____
U/A	\$ _____	U/A	\$ _____
Tenant Rent	\$ _____	Tenant Rent	\$ _____
Amount of Tenant Rent for Reported Income:		\$	_____
Amount Tenant Rent Should Have Been:		\$	_____
Difference	\$	_____	
		X	(Number of Months)
Total (add all pages)	\$	_____	
Prepared By _____		Approved By _____	
Date _____ 20____		Date _____ 20____	

Learning Activity 8-1: Conducting the QA Review of Rent with the RRT and Documenting the Final Outcome

Scenario

In this learning activity, you will complete the Lee Simmons household QA review. Refer back to Chapter 5 if you need to recall information about the Simmons household.

Reminder:

- The household's total annual income (#8 from the RRT) is \$17,868.
- The household's adjusted annual income (#24 of Section 5 of the RRT) is \$17,256.

6. Total Tenant Payment (TTP) – QA Program Manager Calculation		
8.	Total annual income	\$ 17,868
25.	Household monthly adjusted income (#8 ÷ 12)	\$
26.	TTP if based on total monthly income: (#25 x 0.10)	\$
27.	TTP if based on 30% of monthly adjusted income: [(#24 from Section 5 of the RRT) ÷ 12 x 0.30]	\$
28.	Welfare rent per month (Based on HRA Rent Allowances Chart)	\$
32	TTP: Highest of lines 26, 27, or 28	\$
	Most recent TTP (check for Rent Change letter with at least 30 days' notice)	\$

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

Now compare your calculation to the AR or IR Case Assessment in the e-file and indicate any discrepancies, commenting on each discrepancy.

TTP Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
26. TTP if based on total monthly income: $(8 \div 12) \times 0.10$	\$ 106	\$	<input type="checkbox"/>	<input type="checkbox"/>	
27. TTP if based on 30% of monthly adjusted income	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	
28. Welfare rent per month	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32. TTP: Highest of lines 26, 27 or 28	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	

Now complete the Rent section for the Simmons family.

7. Rent – QA Program Manager Calculation from Supporting Documents – if Mixed Family, fill out 7.m. Prorated Rent Calculation for Mixed Family		
32.	TTP	\$
33.	Unit's flat rent (Flat Rent Table)	\$ 1,965
34.	Monthly Tenant Rent (Lower of 32 or 33)	If flat rent is lower, this is the rent \$
42.	Utility allowance, (Base on Utility Allowance Table)	\$ 0
	Tenant rent: 34 minus 42 (do NOT subtract if 33 is less than 32.)	
46.	If 32. minus 42. is a positive number or zero, indicate here	\$
45.	If 32 minus 42 is a negative number, indicate utility reimbursement payment here	\$

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

Next, complete the Rent Comparison section of the RRT.

Rent Comparison					
Assessment Fields	File	QA PM Review	Discrepancy?		Comments
			Yes	No	
32. TTP:	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	
33. Unit's flat rent	\$ 1,965	\$ 1,965	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
34. Monthly Tenant Rent	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	
42. Utility allowance	\$ 0	\$ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
46. Tenant rent	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Charges	\$ 0	\$ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Actual Total Monthly Rent	\$ 307	\$	<input type="checkbox"/>	<input type="checkbox"/>	
42. Mixed family tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
44. LIHTC rent	\$ N/A	\$ N/A	<input type="checkbox"/>	<input type="checkbox"/>	

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

To complete the QA review, document the final outcome of your file review for the Simmons household.

8. Final Outcome of MSD QA File Review		
<input type="checkbox"/> Fail (Check all that apply below)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass w/Comments
<input type="checkbox"/> Administrative Error		
<input type="checkbox"/> Income/Assets/Expenses		
<input type="checkbox"/> Delayed Recertification > 60 days		
<input type="checkbox"/> Verification Error		
Fail Reason(s)		
Fail Errors:	<i>Note: the below are defined by NYCHA's compliance requirements. There may be more than one Fail Error.</i>	
Administrative Error	<i>Rent calculation/arithmetic errors.</i>	
Income/Assets/Expenses	<i>Incorrect gathering or submission of documents; failure to include a source of income or deduction, or including an excluded source of income.</i>	
Delayed Recertifications > 60 days	<i>Applicable to ARs. Delays in both PHA and Tenant compliance.</i>	
Verification Error	<i>NYCHA gaps in verifying income/assets/expenses provided by the Tenant 3rd-party verification process.</i>	
If NYCHA owes Tenant a Credit or if Tenant owes Retroactive Rent		
<input type="checkbox"/> Check if NYCHA owes Credit to Tenant, complete Worksheet in 8.a. below.		
<input type="checkbox"/> Check if Tenant owes Retroactive Rent, complete Worksheet in 8.b. below.		

Good job! You have just completed the QA review for the Simmons household!

Learning Activity 8-2: Credit Owed to Tenant

Scenario

On 2-12-25, **you** finished conducting an AR QA review for the Fields family. The AR was effective 7-1-24.

The Fields household consists of:

- Daniel, Head of Household, aged 49 and not disabled
- Spouse Juanita, aged 42 and not disabled
- Daughter Marisa, aged 19 who is a FT student
- Son Andre, aged 17

The e-file shows that NYCHA had been charging the family \$367 per month in rent as of the family's AR.

Your QA file review resulted in family rent of \$235 per month.

- You identified the following errors in the file:
 - The HA counted Marisa's total employment income of \$17,450 instead of only counting the first \$480 of her wages.
 - The HA counted Andre's part-time wages of \$4,209. Andre graduated from high school in June of 2024. He will turn 18 on 5-9-25.

Calculate retroactive credit owed to the Fields family by utilizing the following worksheet:

NYCHA Quality Assurance Training

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

8.a. Credit Owed to Tenant from Overpayment of Rent. Complete Worksheet in Appendix B.				
	Yes	No	N/A	Instructions
1. Was tenant overcharged for rent?	<input type="checkbox"/>	<input type="checkbox"/>		If "Yes", calculate credit owed to tenant.
2. Total owed to Tenant by NYCHA			\$	

Worksheet – Credit Owed to Tenant	
Date of Worksheet: _____	
a.From _____	b.To _____ (add 30 days for processing)
RENT CHARGED BY NYCHA	RENT THAT SHOULD HAVE BEEN CHARGED
Tenant Rent \$ _____	Tenant Rent \$ _____
Difference \$ _____	X _____ (Number of Months)
Total Owed by NYCHA \$	
Prepared By _____	Approved By _____
Date _____	Date _____

Learning Activity 8-3: Retroactive Rent Owed by Tenant

Scenario

You are conducting a file review for the Bonillo family on 10-24-24.

The Bonillo household consists of Linda, Head of Household, aged 37 and not disabled. Her two children are Mo, aged 12, and Kat, aged 9.

The only income reported by this household was self-employment as a Door Dash driver of \$560 per month. Ms. Bonillo does not have any assets.

At the completion of the file review for the Bonillo family, you have compiled the following information:

- On September 24, 2024, Ms. Bonillo submitted her income tax return and accounting documents which showed the following:
 - On January 10, 2024, Head of Household Linda Bonillo began a catering business, earning a net income of \$32,690 per year. She did not report this income and did not inform NYCHA that her Door Dash stopped.
 - NYCHA verified that employment as a Door Dash driver was discontinued 2-28-24.
 - On May 21, 2024, her business expanded, earning a net income of \$35,620.

Calculate the Bonillo household's retroactive rent utilizing the following worksheet for retroactive owed by the Resident:

NYCHA Quality Assurance Training

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

Date Tenant Should Have Reported Change by (per PHA policy): _____

If Reported Timely, Rent Should have Increased on (30-day notice for rent increase): If an interim, refer to PHA's ACOP policy on interim increases:

a.From _____

b.To _____

REPORTED INCOME		ACTUAL INCOME																													
SOURCE	ANNUAL AMOUNT	SOURCE	ANNUAL AMOUNT																												
Door Dash	\$ _____	OWNS BUSINESS	\$ _____																												
Total Annual Income	\$ _____	Total Annual Income	\$ _____																												
<table border="0" style="width:100%;"> <thead> <tr> <th style="text-align: center;">ALLOWANCES: (TYPE)</th> <th style="text-align: center;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>DEPENDENT \$480 x 2</td> <td style="text-align: center;">\$960</td> </tr> <tr> <td>Total Allowances</td> <td style="text-align: center;">\$960</td> </tr> <tr> <td>Adjusted Annual Income</td> <td style="text-align: center;">\$ 5,760</td> </tr> <tr> <td>TTP</td> <td style="text-align: center;">\$144</td> </tr> <tr> <td>U/A</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Tenant Rent</td> <td style="text-align: center;">\$144</td> </tr> </tbody> </table>		ALLOWANCES: (TYPE)	AMOUNT	DEPENDENT \$480 x 2	\$960	Total Allowances	\$960	Adjusted Annual Income	\$ 5,760	TTP	\$144	U/A	\$0	Tenant Rent	\$144	<table border="0" style="width:100%;"> <thead> <tr> <th style="text-align: center;">ALLOWANCES: (TYPE)</th> <th style="text-align: center;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>DEPENDENT \$480 x 2</td> <td style="text-align: center;">\$960</td> </tr> <tr> <td>Total Allowances</td> <td style="text-align: center;">\$960</td> </tr> <tr> <td>Adjusted Annual Income</td> <td style="text-align: center;">\$31,730</td> </tr> <tr> <td>TTP</td> <td style="text-align: center;">\$793</td> </tr> <tr> <td>U/A</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td>Tenant Rent</td> <td style="text-align: center;">\$793</td> </tr> </tbody> </table>		ALLOWANCES: (TYPE)	AMOUNT	DEPENDENT \$480 x 2	\$960	Total Allowances	\$960	Adjusted Annual Income	\$31,730	TTP	\$793	U/A	\$0	Tenant Rent	\$793
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		X _____ (Number of Months)																													
Total	\$	_____																													

NYCHA Quality Assurance Training

Tenant Rent and Final Outcome of the QA Review

Section 3: Final Outcome of the QA Review

If Income Changed After Previous Page., Continue Here:

Date Tenant Should Have Reported Change by (*per PHA policy*): _____

a.From _____

b.To _____

REPORTED INCOME		ACTUAL INCOME	
SOURCE	ANNUAL AMOUNT	SOURCE	ANNUAL AMOUNT
Door Dash	\$ _____	OWNS BUSINESS	\$ _____
Total Annual Income	\$ _____	Total Annual Income	\$ _____

ALLOWANCES: (TYPE)	AMOUNT	ALLOWANCES: (TYPE)	AMOUNT
DEPENDENT \$480 x 2	\$ 960	DEPENDENT \$480 x 2	\$ 960
Total Allowances	\$ 960	Total Allowances	\$ 960
Adjusted Annual Income	\$ 5,760	Adjusted Annual Income	\$ 34,660
TTP	\$ 144	TTP	\$ 867
U/A	\$0	U/A	\$0
Tenant Rent	\$ 144	Tenant Rent	\$867

Amount of Tenant Rent for Reported Income:	\$ 144
Amount Tenant Rent Should Have Been:	\$ _____
Difference	\$ _____
	X _____ (Number of Months)
Total	\$ _____
Total (add all pages)	\$ _____

Prepared By _____	Approved By _____
Date _____ 20____	Date _____ 20____

Section 4 Chapter 8 Quiz

1. The QA reviewer would document a “Pass w/Comment” outcome in the following example(s):
 - a. Processing errors do not impact the accuracy of the income and rent calculations
 - b. Delayed processing of annual recertification by more than 60 days
 - c. Lack of adequate verification for assets and/or income from assets if total family assets are \$5,000 or less
 - d. All of the above
 - e. a and c
2. A file can “Fail” in more than one category.
 - a. True
 - b. False
3. Following are the file “Fail” categories:
 - a. Administrative error (rent calculation/math errors).
 - b. Income/assets/expenses component errors (incorrect gathering or submission of documents)
 - c. Delayed processing of annual recertification (delays in both NYCHA and tenant compliance) - includes late by more than 60 days
 - d. Verification error (NYCHA's gaps in verifying income/assets/expenses provided by the tenant or 3rd party)
 - e. All the above

Section 4: Chapter 8 Quiz

4. If NYCHA overcharges rent to a tenant of any amount, NYCHA:
 - a. Must credit the tenant the amount overcharged if rent was overcharged by \$100 or more
 - b. May credit the tenant the amount overcharged in certain circumstances, on discretion of Property Management
 - c. Must credit the tenant the amount overcharged
 - d. Must credit the tenant the amount overcharged, only upon request by the tenant
5. In a QA file review, failure to include a source of income would be a “Fail” outcome, whereas failure to include a deduction/expense would be a “Pass w/Comment” outcome.
 - a. True
 - b. False

Section 4: Chapter 8 Quiz

Notes

CHAPTER 9 Communication Regarding QA Reviews

LEARNING OUTCOMES

Upon completion of this chapter, you should be able to:

- Identify the process used via the RRT when the QA reviewer identifies an error
- Understand the communication generated from the QA reviewer to Property Management
- Identify the appeal process when a Property Manager disagrees with a QA error

Section 1 When the QA Reviewer Identifies an Error

NYCHA's software system saves the completed RRT worksheet for the AR or IR and captures the signature of the QA reviewer. The RRT worksheet is sent to the Property Manager and Neighborhood Administrator via the software and captures the PM's signature and tracks date of completion.

Process Memo from QA Reviewer to Property Manager and Neighborhood Administrator	
File reviewed by QA Program Manager	
MSD QA Program Manager Signature	_____
	Date
Sent to Neighborhood Administrator and Property Manager	

	Date

	Date
<input type="checkbox"/> PM certification of file corrected	

	DATE
<input checked="" type="checkbox"/> PM Request appeal of MSD QA review YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Reason for appeal:	
Appeal Decision	_____
<input checked="" type="checkbox"/> Sustained	Date
<input type="checkbox"/> Not Sustained	
<input checked="" type="checkbox"/> File approved by MSD QA after correction by PM?	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

	Date

Section 2 Reports from the QA Review to the Property Manager and Neighborhood Administrator

Upon the completion of a file review, NYCHA software will generate an email to the Property Manager detailing the file review findings. The findings of the individual recertification review for all case outcomes (Pass, Pass with comments, and Fail) will be in the email.

Findings resulting in Pass and Pass with comments do not require follow up on the specific recertification.

For findings resulting in “Fail”, NYCHA software will generate an Interim Recertification with a Type/Sub Type of Interim Recertification/QA Corrections, which will be routed to the Housing Assistant who processed the initial recertification which failed review. Property Management staff will have one week to correct the identified error. Property Management staff are to review the Corrective Actions that identify whether a retroactive credit/charge, and/or rent change is needed. This will appear in the Quality Assurance Program Summary Report.

Following is the communication, sent via NYCHA’s software system, to the Neighborhood Administrator and Property Manager:

Dear Neighborhood Administrator and Property Management,
The mission of the newly formed Quality Assurance (QA) Unit is to improve overall performance and accountability through independent reviews of completed Public Housing Annual and Interim Recertifications, ensuring that they meet HUD standards and are in alignment with existing NYCHA policies and procedures. The QA Unit reviews all supporting documents available in Siebel for the specific randomly selected Service Request.
For the Month of August 2023, the Quality Assurance Unit reviewed the following number of Service Requests processed at St. Mary's:
<ul style="list-style-type: none"> • Annual Recertifications:
<ul style="list-style-type: none"> • Interim Recertifications:
Of these Annual and Interim Recertifications, the files had at least one of the following errors:
<ul style="list-style-type: none"> • Lack of verification in income or assets
<ul style="list-style-type: none"> • Mistake in determination of annual income
<ul style="list-style-type: none"> • Mistake in calculation of assets and/or income from assets
<ul style="list-style-type: none"> • Mistake in determination and/or calculation of allowances/deductions
<ul style="list-style-type: none"> • Lack of EIV in file
<ul style="list-style-type: none"> • Recertification was late by more than 60 days.
Please review the attachment, make corrections, and respond to the Quality Assurance unit mailbox at: MSDQA@nycha.nyc.gov and NYCHAQARESPONSE@NANMCKAY.COM when corrections have been made. If needed, a Quality Assurance coordinator will set up a time to discuss the cases thoroughly.
Credits/Charges/Monthly rent corrections must be completed within <u>one week</u> from the date of this email.
Action Items:
During our independent reviews of your developments annual/interim recertification; based on the available documents in Siebel, recertifications miscalculated, will require a rent adjustment. This may include processing a Siebel Payment Adjustment for a credit/charge and/or an Interim Recertification to adjust their rent.
<i>Rent Credit:</i> Tenants requiring a credit, meaning they were paying more rent than they should have been paying, require either a Payment Adjustment or an Interim Recertification.
<i>Rent Charge:</i> Tenants requiring a rent charge, meaning they have been paying a rent amount that is lower than it should have been. Interim Recertification is required. Attached you will find a tenant letter to be mailed to the tenant when a rent increase has been processed. Telephone contact with the tenant to support this letter should also be attempted to advise them of the changes.
NOTE: NYCHA will not be retro-charging tenants in cases where NYCHA miscalculated the rent.

Section 3 **Appeal Process**

Property Managers, upon receiving the AR or IR review findings, can disagree with the Quality Assurance findings. The Property Manager institutes the appeal process through the RRT Process Memo; the request for appeal is embedded in NYCHA software. Appeals may be initiated by Property Management staff in the software by activating the “Appeals” button the Quality Assurance Service Request.

The request for appeal must be submitted within two weeks of the review findings.

Property Management is to include a clear description of the reason for the appeal. Examples include, but are not limited to, the following:

- File was failed because a core verification was not present in e-file viewed by the QA reviewer. Property Management can show that the verification was available and used.
- File was failed for a calculation error in income, assets or expenses. Property Management disagrees with the QA reviewer's calculation and explains why they believe their calculation was correct.

The QA Supervisor must review the appeals documentation and conduct a review of the initial file review performed by the QA Program Manager. Findings of the Supervisor's review will be displayed in the QA findings column in NYCHA software.

If an appeal is Sustained by the QA Supervisor, the Interim Recertification/QA Correction will be canceled by the QA Supervisor.

If an Appeal is not sustained by the QA Supervisor, the Interim Recertification will be assigned back to Property Management to correct and complete along with the details of the case review.

Section 3: Appeal Process

Notes

CHAPTER 10 Income Exclusions

Section 1 Pre-HOTMA

INCOME EXCLUDED UNDER HUD REGULATIONS

24 CFR 5.609

(c) Annual income does not include the following:

- (1) Income from employment of children (including foster children) under the age of 18 years;
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- (3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);
- (4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- (5) Income of a live-in aide, as defined in Sec. 5.403;
- (6) Subject to paragraph (b)(9) of this section, the full amount of student financial assistance paid directly to the student or to the educational institution;
- (7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

(8) (i) Amounts received under training programs funded by HUD;

(ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

(iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;

(iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;

Section 1: Pre-HOTMA

(v) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

(9) Temporary, nonrecurring or sporadic income (including gifts);

(10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

(11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);

(12) Adoption assistance payments in excess of \$480 per adopted child;

(13) [Reserved]

(14) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or prospective monthly amounts.

(15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

(16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

(17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary. [See the following chart for a list of benefits that qualify for this exclusion.]

Section 2 Federally Mandated Income Exclusions

*Federal Register 5/20/14;
CFR 5.609 (c)(17)*

Value of food stamps

- Value of allotment provided to an eligible household under the Food Stamp Act of 1977.

Benefits under Section 1780 of the School Lunch Act and Child Nutrition Act of 1966

- Includes WIC

Domestic Volunteer Services Act

- Payments under the Domestic Volunteer Services Act of 1973 are excluded. These programs include:
 - VISTA – Volunteers in Service to America
 - RSVP – Retired Senior Volunteer Program
 - Foster Grandparents
 - Senior Companions Programs

Heating assistance

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program.

Workforce Investment Act of 1998

- Payments or allowances received under programs funded in whole or in part under the Workforce Investment Act of 1998.

AmeriCorps Living Allowance under the National and Community Service Act of 1990

Deferred disability benefits from the Department of Veterans Affairs

- Received in a lump sum or in prospective monthly amounts.

Indian settlements/trusts

- Payments received under the Maine Indian Claim Settlement Act of 1980. (Pub. L. 96-420, 94 Stat. 1785).
- Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1616(c)).
- Income derived from certain submarginal land of the United States held in trust for particular Indian tribes.

Section 2: Federally Mandated Income Exclusions

- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation.
- Income derived from the disposition of funds of the Grand River Band of Ottawa Indians.
- The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands.
- Payments, funds or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990 (25 U.S.C. 1774f(b)).
- A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the United States District Court case entitled *Elouise Cobell et al. v. Ken Salazar et al.* for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010.
- Benefits under the Indian Veterans Housing Opportunity Act of 2010.
 - Only applies to Native American housing programs

Title IV of the Higher Education Act of 1965

- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For Section 8 programs, the exception found in § 237 of Public Law 109–249 applies and requires that the amount of financial assistance in excess of tuition and mandatory fees will be considered income in accordance with the provisions codified at 24 CFR 5.609(b)(9), except for those persons with disabilities as defined by 42 U.S.C. 1437a(b)(3)(E) (Pub. L. 109–247).

Section 2: Federally Mandated Income Exclusions

Spina Bifida and Agent Orange Settlements

- Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
- Payments received under 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida, children of women Vietnam veterans born with certain birth defects, and children of certain Korean service veterans born with spina bifida.

Child Care and Development Block Grant Act of 1990

- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990.

Earned Income Tax Credit Refunds

Title V of the Older Americans Act

- Payments under Title V are excluded. This is the Senior Community Service in Employment Program (SCSEP) funded through the Department of Labor.
- This program is administered by national contractors such as:
 - Green Thumb
 - AARP – American Association of Retired Persons
 - NCOA – National Council on Aging
 - National Council of Senior Citizens (sometimes called Senior Aides)
 - US Forest Services
 - NCBA – National Caucus for Black Aged
 - Urban League
 - National Association for the Spanish Elderly
- State coordinators for Title V can provide a list of additional contractors who administer Title V.
- Even if there is 90 percent federal and 10 percent local funding, 100 percent of the income funded through Title V is excluded.

Section 2: Federally Mandated Income Exclusions

Crime Victim Compensation

- Any amount of crime victim compensation under the Victims of Crime Act.

Major disaster and emergency assistance received under the Robert T. Stafford Disaster Relief and Emergency Assistance Act and comparable disaster assistance provided by states, local governments, and disaster assistance organizations.

Any amounts in an “individual development account” as provided by the Assets for Independence Act, as amended in 2002.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

Section 3 EFFECTIVE UPON HOTMA IMPLEMENTATION**ANNUAL INCOME FULL DEFINITION****24 CFR 5.609**

(a) Annual income includes, with respect to the family:

(1) All amounts, not specifically excluded in paragraph (b) of this section, received from all sources by each member of the family who is 18 years of age or older or is the head of household or spouse of the head of household, plus unearned income by or on behalf of each dependent who is under 18 years of age, and

(2) When the value of net family assets exceeds the HUD-published threshold amount (which amount HUD will adjust annually in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers) and the actual returns from a given asset cannot be calculated, imputed returns on the asset based on the current passbook savings rate, as determined by HUD.

(b) Annual income does not include the following:

(1) Any imputed return on an asset when net family assets are less than or equal to the HUD-published threshold amount (which amount HUD will adjust annually in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers) and no actual income from the net family assets can be determined.

(2) The following types of trust distributions:

(i) For an irrevocable trust or a revocable trust outside the control of the family or household excluded from the definition of net family assets under § 5.603(b):

(A) Distributions of the principal or corpus of the trust; and

(B) Distributions of income from the trust when the distributions are used to pay the costs of health and medical care expenses for a minor.

(ii) For a revocable trust under the control of the family or household, any distributions from the trust; except that any actual income earned by the trust, regardless of whether it is distributed, shall be considered income to the family at the time it is received by the trust.

(3) Earned income of children under the 18 years of age.

(4) Payments received for the care of foster children or foster adults, or State or Tribal kinship or guardianship care payments.

(5) Insurance payments and settlements for personal or property losses, including but not limited to payments through health insurance, motor vehicle insurance, and workers' compensation.

(6) Amounts received by the family that are specifically for, or in reimbursement of, the cost of health and medical care expenses for any family member.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(7) Any amounts recovered in any civil action or settlement based on a claim of malpractice, negligence, or other breach of duty owed to a family member arising out of law, that resulted in a member of the family becoming disabled.

(8) Income of a live-in aide, foster child, or foster adult as defined in §§ 5.403 and 5.603, respectively.

(9)

(i) Any assistance that section 479B of the Higher Education Act of 1965, as amended (20 U.S.C. 1087uu), requires be excluded from a family's income; and

(ii) Student financial assistance for tuition, books, and supplies (including supplies and equipment to support students with learning disabilities or other disabilities), room and board, and other fees required and charged to a student by an institution of higher education (as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)) and, for a student who is not the head of household or spouse, the reasonable and actual costs of housing while attending the institution of higher education and not residing in an assisted unit.

(A) Student financial assistance, for purposes of this paragraph (9)(ii), means a grant or scholarship received from- (

- 1) The Federal government;
- (2) A State, Tribe, or local government;
- (3) A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3);

(4) A business entity (such as corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity); or

(5) An institution of higher education.

(B) Student financial assistance, for purposes of this paragraph (9)(ii), does not include-

(1) Any assistance that is excluded pursuant to paragraph (b)(9)(i) of this section;

(2) Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship that is not excluded pursuant to paragraph (b)(9)(i) of this section); (

3) Gifts, including gifts from family or friends; or

(4) Any amount of the scholarship or grant that, either by itself or in combination with assistance excluded under this paragraph or paragraph (b)(9)(i), exceeds the actual covered costs of the student. The actual covered costs of the student are the actual costs of tuition, books and supplies (including supplies and equipment to support students with learning disabilities or other disabilities), room and board, or other fees required and charged to a student by the education institution, and, for a student who is not the head of household or spouse, the reasonable and actual costs of housing while attending the institution of higher education and not residing in an assisted unit. This calculation is described further in paragraph (b)(9)(ii) of this section.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(C) Student financial assistance, for purposes of this paragraph (b)(9)(ii) must be:

- (1) Expressly for tuition, books, room and board, or other fees required and charged to a student by the education institution;
- (2) Expressly to assist a student with the costs of higher education; or
- (3) Expressly to assist a student who is not the head of household or spouse with the reasonable and actual costs of housing while attending the education institution and not residing in an assisted unit.

(D) Student financial assistance, for purposes of this paragraph (b)(9)(ii), may be paid directly to the student or to the educational institution on the student's behalf. Student financial assistance paid to the student must be verified by the responsible entity as student financial assistance consistent with this paragraph (b)(9)(ii).

(E) When the student is also receiving assistance excluded under paragraph (b)(9)(i) of this section, the amount of student financial assistance under this paragraph (b)(9)(ii) is determined as follows:

- (1) If the amount of assistance excluded under paragraph (b)(9)(i) of this section is equal to or exceeds the actual covered costs under paragraph (b)(9)(ii)(B)(4) of this section, none of the assistance described in this paragraph (b)(9)(ii) of this section is considered student financial assistance excluded from income under this paragraph (b)(9)(ii)(E).

(2) If the amount of assistance excluded under paragraph (b)(9)(i) of this section is less than the actual covered costs under paragraph (b)(9)(ii)(B)(4) of this section, the amount of assistance described in paragraph (b)(9)(ii) of this section that is considered student financial assistance excluded under this paragraph is the lower of:

- (i) the total amount of student financial assistance received under this paragraph (b)(9)(ii) of this section, or
- (ii) the amount by which the actual covered costs under paragraph (b)(9)(ii)(B)(4) of this section exceeds the assistance excluded under paragraph (b)(9)(i) of this section.

(10) Income and distributions from any Coverdell education savings account under section 530 of the Internal Revenue Code of 1986 or any qualified tuition program under section 529 of such Code; and income earned by government contributions to, and distributions from, "baby bond" accounts created, authorized, or funded by Federal, State, or local government.

(11) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.

(12)

- (i) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(ii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (e.g., special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program;

(iii) Amounts received under a resident service stipend not to exceed \$200 per month. A resident service stipend is a modest amount received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development.

(iv) Incremental earnings and benefits resulting to any family member from participation in training programs funded by HUD or in qualifying Federal, State, Tribal, or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program unless those amounts are excluded under paragraph (b)(9)(i) of this section.

(13) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.

(14) Earned income of dependent fulltime students in excess of the amount of the deduction for a dependent in § 5.611.

(15) Adoption assistance payments for a child in excess of the amount of the deduction for a dependent in § 5.611.

(16) Deferred periodic amounts from Supplemental Security Income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.

(17) Payments related to aid and attendance under 38 U.S.C. 1521 to veterans in need of regular aid and attendance.

(18) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit.

(19) Payments made by or authorized by a State Medicaid agency (including through a managed care entity) or other State or Federal agency to a family to enable a family member who has a disability to reside in the family's assisted unit. Authorized payments may include payments to a member of the assisted family through the State Medicaid agency (including through a managed care entity) or other State or Federal agency for caregiving services the family member provides to enable a family member who has a disability to reside in the family's assisted unit.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(20) Loan proceeds (the net amount disbursed by a lender to or on behalf of a borrower, under the terms of a loan agreement) received by the family or a third party (e.g., proceeds received by the family from a private loan to enable attendance at an educational institution or to finance the purchase of a car).

(21) Payments received by Tribal members as a result of claims relating to the mismanagement of assets held in trust by the United States, to the extent such payments are also excluded from gross income under the Internal Revenue Code or other Federal law.

(22) Amounts that HUD is required by Federal statute to exclude from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in paragraph (b) of this section apply. HUD will publish a notice in the Federal Register to identify the benefits that qualify for this exclusion. Updates will be published when necessary.

(23) Replacement housing “gap” payments made in accordance with 49 CFR part 24 that offset increased out of pocket costs of displaced persons that move from one federally subsidized housing unit to another Federally subsidized housing unit. Such replacement housing “gap” payments are not excluded from annual income if the increased cost of rent and utilities is subsequently reduced or eliminated, and the displaced person retains or continues to receive the replacement housing “gap” payments.

(24) Nonrecurring income, which is income that will not be repeated in the coming year based on information provided by the family. Income received as an independent contractor, day laborer, or seasonal worker is not excluded from income under this paragraph, even if the source, date, or amount of the income varies. Nonrecurring income includes:

(i) Payments from the U.S. Census Bureau for employment (relating to decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment.

(ii) Direct Federal or State payments intended for economic stimulus or recovery.

(iii) Amounts directly received by the family as a result of State refundable tax credits or State tax refunds at the time they are received.

(iv) Amounts directly received by the family as a result of Federal refundable tax credits and Federal tax refunds at the time they are received.

(v) Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries).

(vi) Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization.

(vii) Lump-sum additions to net family assets, including but not limited to lottery or other contest winnings.

(25) Civil rights settlements or judgments, including settlements or judgments for back pay.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(26) Income received from any account under a retirement plan recognized as such by the Internal Revenue Service, including individual retirement arrangements (IRAs), employer retirement plans, and retirement plans for self-employed individuals; except that any distribution of periodic payments from such accounts shall be income at the time they are received by the family.

(27) Income earned on amounts placed in a family's Family Self Sufficiency Account.

(28) Gross income a family member receives through self-employment or operation of a business; except that the following shall be considered income to a family member:

(i) Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations; and

(ii) Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

HOTMA TREATMENT OF FAMILY ASSETS**24 CFR 5.603(b) Net Family Assets**

(1) Net family assets is the net cash value of all assets owned by the family, after deducting reasonable costs that would be incurred in disposing real property, savings, stocks, bonds, and other forms of capital investment.

(2) In determining net family assets, PHAs or owners, as applicable, must include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives consideration not measurable in dollar terms. Negative equity in real property or other investments does not prohibit the owner from selling the property or other investments, so negative equity alone would not justify excluding the property or other investments from family assets.

(3) Excluded from the calculation of net family assets are: (i) The value of necessary items of personal property; (ii) The combined value of all nonnecessary items of personal property if the combined total value does not exceed the HUD-published threshold amount (which amount will be adjusted by HUD in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers);

(iii) The value of any account under a retirement plan recognized as such by the Internal Revenue Service, including individual retirement arrangements (IRAs), employer retirement

plans, and retirement plans for self-employed individuals; (iv) The value of real property that the family does not have the effective legal authority to sell in the jurisdiction in which the property is located; (v) Any amounts recovered in any civil action or settlement based on a claim of malpractice, negligence, or other breach of duty owed to a family member arising out of law, that resulted in a family member being a person with a disability; (vi) The value of any Coverdell education savings account under section 530 of the Internal Revenue Code of 1986, the value of any qualified tuition program under section 529 of such Code, the value of any Achieving a Better Life Experience (ABLE) account authorized under Section 529A of such Code, and the value of any “baby bond” account created, authorized, or funded by Federal, State, or local government. (vii) Interests in Indian trust land; (viii) Equity in a manufactured home where the family receives assistance under 24 CFR part 982; (ix) Equity in property under the Homeownership Option for which a family receives assistance under 24 CFR part 982; (x) Family Self-Sufficiency Accounts; and (xi) Federal tax refunds or refundable tax credits for a period of 12 months after receipt by the family.

Section 3: EFFECTIVE UPON HOTMA IMPLEMENTATION

(4) In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the trust fund is not a family asset and the value of the trust is not included in the calculation of net family assets, so long as the fund continues to be held in a trust that is not revocable by, or under the control of, any member of the family or household.

CHAPTER 11 Glossary of Terms

Section 1 Pre-HOTMA Glossary

See complete Glossary in NYCHA Admissions and Occupancy Policy (ACOP), Appendix A.

<i>Adjusted income</i>	Annual income, less allowable HUD deductions and allowances.
<i>Affidavit of Income</i>	HUD requires the re-examination of every public housing resident's income and household composition at least once every 12 months. NYCHA fulfills this requirement by conducting an Annual Recertification based on information provided by the resident in the Affidavit of Income (AOI). After reviewing and verifying the information submitted by the resident, NYCHA determines the resident's rent.
<i>Alternative non-public housing rent</i>	The alternative rent, for non-public housing over-income (NPHOI) families, is the greater of the applicable Fair Market Rent (FMR) for each unit size established by HUD, or the amount of monthly subsidy provided for the unit (i.e., the amount of funding NYCHA receives from HUD per public housing unit each year).
<i>Annual adjusted income</i>	The anticipated yearly income from all sources received by all household members (even if they are temporarily absent), minus any applicable deductions. Annual adjusted income is used to determine rent.
<i>Annual income</i>	The anticipated total income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulations.
<i>Assets</i>	Annual income includes amounts derived from assets to which any member of the family has access. Asset sources can include a checking account, savings account, money market fund, mutual fund, life insurance policy (Whole Life or Universal Whole Life), real estate (house, co-op, condo, or property held as an investment), stocks, bonds, trust fund, retirement account (401K, IRA, or Roth IRA, or bonds. See also Net Family Assets.
<i>CFR</i>	Code of Federal Regulations. 24 CFR contains the Department of Housing and Urban Development (HUD) regulations.
<i>Child</i>	A member of the family other than the head of house or spouse/cohead who is under 18 years of age.

Glossary of Terms

Section 1: Pre-HOTMA Glossary

<i>Childcare expenses</i>	Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further their education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for childcare. In the case of childcare necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.
<i>Citizen</i>	A citizen or national of the United States.
<i>Co-head</i>	An individual in the household who is equally responsible for the lease with the head of household. A family may have a cohead or spouse but not both. A cohead never qualifies as a dependent. The cohead must have legal capacity to enter into a lease.
<i>Dependent</i>	A member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student.
<i>Disability assistance expenses</i>	Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member, and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source.
<i>Disabled family</i>	A family whose head, cohead, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
<i>Disabled person</i>	See person with disabilities.
<i>Disallowance</i>	Exclusion from annual income.
<i>Effective date</i>	The “effective date” of certification or recertification refers to: (i) in the case of a certification for admission, the date of initial occupancy and (ii) in the case of recertification of an existing tenant, the date the redetermined rent becomes effective.

Glossary of Terms

Section 1: Pre-HOTMA Glossary

<i>Elderly family</i>	A family whose head, cohead, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.
<i>Evidence of citizenship or eligible status</i>	The documents which must be submitted as evidence of citizenship or eligible immigration status. See 24 CFR 5.508(b).
<i>Fair market rent (FMR)</i>	The rent, including the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market area to rent privately owned, existing, decent, safe, and sanitary rental housing of modest (non-luxury) nature with suitable amenities. See periodic publications in the Federal Register in accordance with 24 CFR Part 888.
<i>Flat rent</i>	Rent that is based on the market rent charged for comparable units in the private unassisted rental market, set at no less than 80 percent of the current fair market rent (FMR).
<i>Foster child care payment</i>	A payment to eligible households by state, local, or private agencies appointed by the state to administer payments for the care of foster children.
<i>Full-time student</i>	A member of the household other than the head, spouse or co-head, aged 18 or older, who is attending school or vocational training on a full-time basis (carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended).
<i>Head of household</i>	The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.
<i>Household</i>	Includes additional people other than the family who, with the PHA's permission, live in an assisted unit, such as live-in aides, foster children, and foster adults.
<i>Imputed asset</i>	An asset disposed of for less than fair market value during the two years preceding certification or recertification.
<i>Imputed asset income</i>	The PHA-established passbook rate multiplied by the total cash value of assets. The calculation is used when net family assets exceed \$5,000.
<i>Income</i>	Income from all sources of each member of the household, in accordance with criteria established by HUD.

Section 1: Pre-HOTMA Glossary

<i>Income-based rent</i>	A tenant rent that is based on the family's income and the PHA's rent policies for determination of such rents.
<i>Income information</i>	<p>All employment income information known to current or previous employers or other income sources</p> <p>All information about wages, as defined in the state's unemployment compensation law, including any social security number; name of the employee; quarterly wages of the employee; and the name, full address, telephone number, and, when known, employer identification number of an employer reporting wages under a state unemployment compensation law</p> <p>Whether an individual is receiving, has received, or has applied for unemployment compensation, and the amount and the period received</p> <p>Unearned IRS income and self-employment wages and retirement income</p> <p>Wage, social security, and supplemental security income data obtained from the Social Security Administration.</p>
<i>Income Validation Tool (IVT)</i>	Accessible through HUD's EIV system, provides validation of tenant reported wages, unemployment compensation, and Social Security benefits by comparing the income reported in IMS-PIC via form HUD-50058 to information received from the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH), and the Social Security Administration (SSA) data sharing agreements.
<i>Live-in aide</i>	<p>A person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:</p> <ul style="list-style-type: none"> • Is determined to be essential to the care and well-being of the person; • Is not obligated for the support of the persons; and • Would not be living in the unit except to provide the necessary supportive services.
<i>Medical expenses</i>	Medical expenses, including medical insurance premiums, that are anticipated during the period for which annual income is computed, and that are not covered by insurance (a deduction for elderly or disabled families only). These allowances are given when calculating adjusted income for medical expenses in excess of 3 percent of annual income.

Glossary of Terms

Section 1: Pre-HOTMA Glossary

<i>Minimum rent</i>	An amount established by the PHA of zero to \$50. NYCHA's minimum rent is zero.
<i>Mixed family</i>	Families that include household members with and without eligible immigration status. A family is eligible for assistance as long as at least one member is a U.S. citizen or has eligible immigration status.
<i>Monthly adjusted income</i>	One twelfth of annual adjusted income.
<i>Monthly income</i>	One twelfth of annual income
<i>Net family assets</i>	Net family assets represent the cash value of all assets owned by the family, after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital.
<i>Non-public housing over-income family</i>	A family whose income exceeds the over-income limit for 24 consecutive months and is paying the alternative non-public housing rent.
<i>Over-income limit</i>	Determined by multiplying the applicable income limit for a very low-income family, as defined in 24 CFR 5.603(b), by a factor of 2.4.
<i>Person with disabilities for the purposes of program eligibility</i>	A person who has a disability as defined under the Social Security Act or Developmental Disabilities Care Act, or a person who has a physical or mental impairment expected to be of long and indefinite duration and whose ability to live independently is substantially impeded by that impairment but could be improved by more suitable housing conditions. A person receiving Social Security or SSI on their behalf automatically meets this definition.
<i>Person with disabilities for the purposes of reasonable accommodation</i>	A person with a physical or mental impairment that substantially limits one or more major life activities.
<i>Previously unemployed</i>	With regard to the earned income disallowance (EID), a person who has earned, in the 12 months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.
<i>Reasonable accommodation</i>	A change, exception, or adjustment to a rule, policy, practice, or service to allow a person with disabilities to fully access the PHA's programs or services.

Glossary of Terms

Section 1: Pre-HOTMA Glossary

<i>State Homecare Payments</i>	Payments made to offset the cost of equipment and services needed to keep a developmentally disabled person at home.
<i>Tenant</i>	The person or persons (other than a live-in aide) who executes the lease as lessee of the dwelling unit.
<i>Total tenant payment (TTP)</i>	The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.
<i>Utility allowance</i>	If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.
<i>Utility reimbursement</i>	The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment (TTP) for the family occupying the unit.
<i>Welfare rent</i>	Also known as public assistance rent. States (such as NY State) where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs.

Section 2 New Terms or New Definitions upon HOTMA Implementation

Following are new terms or new definitions effective upon HOTMA implementation. See complete Glossary in NYCHA Admissions and Occupancy Policy (ACOP), Appendix A.

<i>Annual income at annual recertification</i>	At annual reexamination, NYCHA must first determine the family's income for the previous 12-month period and use this amount as the family income for annual reexaminations; however, adjustments to reflect current income must be made.
<i>Day laborer</i>	An individual hired and paid one day at a time without an agreement that the individual will be hired or work again in the future. Income earned as a day laborer is not considered nonrecurring income.
<i>Earned income</i>	Income or earnings from wages, tips, salaries, other employee compensation, and net income from self-employment. Earned income does not include any pension or annuity, transfer payments (meaning payments made or income received in which no goods or services are being paid for, such as welfare, Social Security, and governmental subsidies for certain benefits), or any cash or in-kind benefits.
<i>Foster adult</i>	A member of the household who is 18 years of age or older and meets the definition of a foster adult under State law. In general, a foster adult is a person who is 18 years of age or older, is unable to live independently due to a debilitating physical or mental condition and is placed with the family by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.
<i>Foster child</i>	A member of the household who is 18 years of age or older and meets the definition of a foster adult under State law. In general, a foster adult is a person who is 18 years of age or older, is unable to live independently due to a debilitating physical or mental condition and is placed with the family by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

Section 2: New Terms or New Definitions upon HOTMA Implementation

<i>Health and medical care expenses</i>	Any costs incurred in the diagnosis, cure, mitigation, treatment, or prevention of disease or payments for treatments affecting any structure or function of the body. Health and medical care expenses include medical insurance premiums and long-term care premiums that are paid or anticipated during the period for which annual income is computed.
<i>Imputed asset income</i>	When the value of net family assets exceeds \$50,000 and the actual returns from a given asset cannot be calculated, imputed returns on the asset based on the current passbook savings rate, as determined by HUD.
<i>Independent contractor</i>	An individual who qualifies as an independent contractor instead of an employee in accordance with the Internal Revenue Code Federal income tax requirements and whose earnings are consequently subject to the Self-Employment Tax. In general, an individual is an independent contractor if the payer has the right to control or direct only the result of the work and not what will be done and how it will be done. Income earned as an independent contractor is not considered nonrecurring income.
<i>Nonrecurring income</i>	<p>Income that will not be repeated beyond the coming year (e.g., 12 months following the effective date of the certification) based on information provided by the family. Nonrecurring income is excluded from annual income.</p> <ul style="list-style-type: none"> • Income received as an independent contractor, day laborer, or seasonal worker is not excluded from income as nonrecurring income, even if the source, date, or amount of the income varies. Any workers' compensation is always excluded from annual income, regardless of the frequency or length of payments. • Unemployment income and other types of periodic payments that are received at regular intervals (such as weekly, monthly or yearly) are not excluded as nonrecurring income.
<i>Seasonal worker</i>	An individual who is hired into a short-term position and the employment begins about the same time each year (such as summer or winter). Typically, the individual is hired to address seasonal demands that arise for the particular employer or industry. Income earned as a seasonable worker is not considered nonrecurring income.

CHAPTER 12 **Answer Keys**

Chapter 4: Overview of Pre-HOTMA Rent Calculation

LA 4-1: Converting Income to an Annual Figure

Ms. Randall receives a total of \$358 semimonthly from public assistance for herself and her two children.

Annual Income	8,592	Monthly Income	716
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Mr. Price receives a gross wage of \$1,275 biweekly.

Annual Income	33,150	Monthly Income	2,763
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Mr. Pfeiffer earns \$1,810 per month from his job as a sales clerk.

Annual Income	21,720	Monthly Income	1,810
---------------	---------------	----------------	--------------

LA 4-2: Summary of Types of Income, Employment Income

Averaging Paystubs
Tenant is paid semi-monthly and provides NYCHA four paystubs
<ul style="list-style-type: none"> • Paystub 1: \$725.80 for 5/1 • Paystub 2: \$799.93 for 5/15 • Paystub 3: \$730.48 for 6/1 • Paystub 4: \$767.92 for 6/16
What is the annual income?
$\\$725.80 + \\$799.93 + 730.48 + 767.92 = \\$3,024.13$
$\\$3,024.24.13 \div 4 = \\756.03
$\\$756.03 \times 24 = \\$18,144.72$

LA 4-3: Calculating Annual Income

Family name: Lu	$826 + 803 + 798 = 2,427 \div 3 = 809 \times 26 = 21,034$	$550 \times 12 = 6,600$	
Head: wages	3 paystubs, paid biweekly: \$826 \$803 \$798		
Spouse: Social Security	\$550/month	Annual income:	27,634

Family name: Rios	$250 \times 24 = 6,000$	$19.43 \times 2080 = 40,352$	
Head: child support	\$250 semimonthly		
Head: employment	\$19.43/hour (40 hrs/wk)	Annual income:	46,352

Family name: Tilden	$450 \times 52 = 23,400$	$12.50 \times 20 \times 52 = 13,000$; count \$480	
Head: unemployment	\$450 weekly		
Son: FT student, 19 yrs, wages	\$12.50/hour (20 hrs/wk)	Annual income:	23,880

LA 4-4: Assets and Income from Assets

1. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Julius	Stocks	\$ 3,400	\$ 160	\$ 3,240	.032	\$ 109
Shana	Checking	\$ 1,240	\$ 0	\$ 1,240	0	\$ 0
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$ 4,480		4. 109
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5. 0
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6. 109

LA 4-5: Assets and Income from Assets

2. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Henry	Savings	\$ 7,800	\$	\$ 7,800	.0175	\$ 137
Shana	Checking	\$ 900	\$ 0	\$ 900	.012	\$ 11
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$ 87,000		4. 148
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5. 65
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6. 148

LA 4-6: Medical/Disability

Medical and Disability Expenses Deductions if Applicable – QA Program Manager Calculation from Supporting Documents					
Family member name	Type of expense	Expense amount	Frequency	Annual expense amount	Annual unreimbursed expense amount
	Health insurance premium	\$ 55	Monthly	\$ 660	\$ 660
	Eyeglasses for HoH and Spouse	\$ 300	Annually	\$ 300	\$ 300
	Doctor visits, 4 x/year for \$20 each visit	\$ 20	Quarterly	\$ 80	80
	Anticipated yearly prescription and nonprescription costs	\$ 426	Annual	\$ 426	426
	Balance due on a medical bill of \$325 – (will be paying it off at \$15/month)	\$ 15	Monthly	\$ 180	180
Total annual unreimbursed medical expenses (Item) put in 16.					\$ 1,646

3. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$ 23,500
12.	Medical/disability threshold: $8 \times .03$		\$ 705
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		0
14.	Maximum disability deduction: If 13 minus 12 is positive or zero, put amount:		\$
		If negative and head/spouse/cohead is under 62 and not disabled, put 0	
		If negative and head/spouse/cohead is elderly or disabled, copy from 13	
15.	Allowable disability assistance expense: copy from 14		\$
16.	Total annual unreimbursed medical expenses		\$ 1,646
17.	Total annual disability assistance and medical expenses: $15 + 17$ (if there are no disability expenses, copy from 16)		\$ 1,646
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate $17 \text{ minus } 12$	\$ 941
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household deduction (\$400)		\$ 400
20.	Number of dependents		
21.	Dependent deduction: $\#20 \times \$480$		\$
22.	Total annual unreimbursed & verified childcare costs		\$
23.	Total deductions: $18 + 19 + 21 + 22$		\$ 1,341
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$ 22,159

LA 4-7: Calculation of Childcare Expenses

River: $\$110 \times 52 \div 12 \times 9 = \$4,290$. $\$640 \times 52 \div 12 \times 3 = \$8,320$. **Total=\$12,610**

Shilo and Madison: \$12,000

Total childcare: \$24,610

Chapter 4 Quiz

1. e

2. a

3. f

4. b

Chapter 5: Conducting the Pre-HOTMA QA Review with the RRT

LA 5-1: Household Composition

Fill out the Household section of the RRT, below.

3. Household							
E-File	Last Name Simmons	First Name Lee	DOB 2/16/82	10. Age on effective date of action 42	Relationship Code HoH	Citizenship EC	11. Disability (Y or N) N
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E-File	Last Name Simmons	First Name Tam	DOB 6/26/05	10. Age on effective date of action 20	Relationship Code E	Citizenship EC	11. Disability (Y or N) N
Check if Not Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Codes: H = head S – spouse K = co-head F = foster child/foster adult Y = other youth under 18 E = full-time student 18+ L – live-in aide A = other adult			Citizenship codes: EC = eligible citizen EN = eligible noncitizen IN = ineligible noncitizen PV = pending verification				

Now fill out the Household Comparison section of the RRT:

Household Comparison					
	E-File	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total # in household	2	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total # of live-in aides	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total # of foster children/foster adults	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total # of family members	2	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total # of ineligible noncitizen permanent household members	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total # of permanent household members w/immigration verification status pending	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is head, spouse/cohead senior/disabled?	N	Y	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>HoH provided verification of disability</i>
Total # of dependents	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Tam mistakenly coded as FT student. No verification in file.</i>

LA 5-2: Assets and Income from Assets

Complete the RRT tool assets section below:

5. Assets – QA Program Manager Calculation from Supporting Documents						
Family member name	Type of asset	Market Value	Disposal Expense (subtracted from market value)	Cash value	Interest or Dividend Rate	4. Anticipated Income from Asset
Lee	Checking	\$ 2,572	\$ 0	\$ 2,572	.016	\$ 41
Lee	Stocks	\$ 5,320	\$ 190	\$ 5,130	.042	\$ 223
Tam	Checking	\$ 381	\$ 0	\$ 381	0	\$ 0
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
Column total: 4: Anticipated income from assets				\$ 8,083		4. 264
Passbook rate (decimal)						.006
5. Imputed asset income: Cash value x Passbook rate of 0.006 (if Cash value is \$5,000 or less, put 0)						5. 48
6. Final asset income: Larger value from total anticipated income from assets or imputed assets income						6. 264

Provide comments/instructions for any discrepancy.

Assets Comparison					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Total cash value	\$ 8,083	\$ 8,083	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Total anticipated income	\$ 256	\$ 264	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiplied interest rate by cash value for stocks
5. Imputed asset income	\$ 48	\$ 48	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Final asset income	\$ 256	\$ 264	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiplied interest rate by cash value for stocks

LA 5-3: Income

Complete the RRT tool assets section below:

7. Income – QA Program Calculation from Supporting Documents							
Family member name	Income Type	Income Rate	Frequency	QA Reviewer Calculation	Dollars per year	7. Income exclusions	Income after exclusions (Dollars minus exclusions)
Lee	n	462	biweekly	462 x 26	\$ 12,012	\$ 0	\$ 12,012
Tam	f	233	semimonthly	233 x 24	\$ 5,592	\$ 0	\$ 5,592
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$ 17,604	\$	\$
Total Income							\$ 17,604
Total annual income (Item #8): Total Income plus Final Asset Income							\$ 17,868

Provide comments/instructions for any discrepancy.

Income Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Is the family a zero-income family?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Total annual income	\$ 12,748	\$ 17,868	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiplied interest rate by cash value for stocks No verification of Tam as FT student

LA 5-4: Adjusted Annual Income

Complete the RRT tool below:

Comparison of Medical/Disability Expenses if Applicable					
	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
Medical/disability assistance deduction	\$ 0	\$ 748	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HoH should have been given medical expenses.

9. Adjusted Annual Income – QA Program Manager Calculation from Supporting Documents			
8.	Total annual income		\$ 17,868
12.	Medical/disability threshold: 8×0.03		\$ 536
13.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to line # 16)		0
14.	Maximum disability deduction: If 14 minus 12 is positive or zero, put amount		\$ 0
	If negative and head/spouse/co-head is under 62 and not disabled, put 0		
	If negative and head/spouse/co-head is elderly or disabled, copy from 12		
15.	Allowable disability assistance expense: copy from 14		\$ 0
16.	Total annual unreimbursed medical expenses		\$ 748
17.	Total annual disability assistance and medical expense: If no disability expenses, copy from 16.		\$ 748
18.	Medical/disability assistance deduction	If no disability assistance expenses or if 13 is less than 12, calculate 17 minus 12	\$ 212
		If there are disability assistance expenses and 13 is greater or equal to 12, copy from 17	\$
19.	Elderly/disability household deduction (\$400)		\$ 400
20.	Number of dependents		0
21.	Dependent deduction: $\#20 \times \$480$		\$ 0
22.	Total annual unreimbursed & verified childcare costs		\$ 0
23.	Total deductions: $18 + 19 + 21 + 22$		\$ 612
24.	Household adjusted annual income: 8 minus 23 (if 23 is larger, put 0)		\$ 17,256

Chapter 5 Quiz

1. b	3. e
2. b	

Chapter 8: Tenant Rent and Final Outcome of the QA Review**LA 8-1: Conducting the QA Review of Rent with the RRT and Documenting the Final Outcome**

6. Total Tenant Payment (TTP) – QA Program Manager Calculation		
8.	Total annual income	\$ 17,868
25.	Household monthly adjusted income (#8 ÷ 12)	\$ 1,438
26.	TTP if based on total monthly income: (#25 x 0.10)	\$ 144
27.	TTP if based on 30% of monthly adjusted income: [(#24 from Section 5 of the RRT) ÷ 12 x 0.30]	\$ 431
28.	Welfare rent per month (Based on HRA Rent Allowances Chart)	\$
32	TTP: Highest of lines 26, 27, or 28	\$ 431
	Most recent TTP (check for Rent Change letter with at least 30 days' notice)	\$

Now compare your calculation to the AR or IR Case Assessment in the e-file and indicate any discrepancies, commenting on each discrepancy.

TTP Comparison					
Assessment Fields	Assessment	File Review Data	Discrepancy?		Comments on Discrepancies
			Yes	No	
26. TTP if based on total monthly income: $(8 \div 12) \times 0.10$	\$ 106	\$ 149	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. TTP if based on 30% of monthly adjusted income	\$ 307	\$ 431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Welfare rent per month	\$	\$	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
32. TTP: Highest of lines 26, 27 or 28	\$ 307	\$ 431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>HoH was not coded as "Disabled."</p> <p>Tam did not provide verification as a FT student.</p> <p>Income from stocks calculated from cash value, not market value.</p>

Now complete the Rent section for the Simmons family.

7. Rent – QA Program Manager Calculation from Supporting Documents – if Mixed Family, fill out 7.m. Prorated Rent Calculation for Mixed Family			
32.	TTP		\$ 431
33.	Unit's flat rent (Flat Rent Table)		\$ 1,965
34.	Monthly Tenant Rent (Lower of 32 or 33)	If flat rent is lower, this is the rent	\$ 431
42..	Utility allowance, (Base on Utility Allowance Table)		\$ 0
	Tenant rent: 34 minus 42 (do NOT subtract if 33 is less than 32.)		
46.	If 32. minus 42. is a positive number or zero, indicate here		\$ 431
45.	If 32 minus 42 is a negative number, indicate utility reimbursement payment here		\$

Next, complete the Rent Comparison section of the RRT.

Rent Comparison					
Assessment Fields	File	QA PM Review	Discrepancy ?		Comments
			Yes	No	
32. TTP:	\$ 307	\$ 431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. Unit's flat rent	\$ 1,965	\$ 1,965	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
34. Monthly Tenant Rent	\$ 307	431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42. Utility allowance	\$ 0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
46. Tenant rent	\$ 307	\$ 431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Charges	\$ 0	\$ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Actual Total Monthly Rent	\$ 307	\$ 431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
42. Mixed family tenant rent	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
44. LIHTC rent	\$ N/A	\$ N/A	<input type="checkbox"/>	<input type="checkbox"/>	

To complete the QA review, document the final outcome of your file review for the Simmons household.

8. Final Outcome of MSD QA File Review		
<input checked="" type="checkbox"/> Fail (Check all that apply below)	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass w/Comments
<input checked="" type="checkbox"/> Administrative Error		
<input checked="" type="checkbox"/> Income/Assets/Expenses		
<input type="checkbox"/> Delayed Recertification > 60 days		
<input checked="" type="checkbox"/> Verification Error		
Fail Reason(s)	HoH was not coded as "Disabled". Tam did not provide verification as a FT student. Income from stocks calculated from cash value, not market value.	
Fail Errors:	<i>Note: the below are defined by NYCHA's compliance requirements. There may be more than one Fail Error.</i>	
Administrative Error	<i>Rent calculation/arithmetic errors.</i>	
Income/Assets/Expenses	<i>Incorrect gathering or submission of documents; failure to include a source of income or deduction, or including an excluded source of income.</i>	
Delayed Recertifications > 60 days	<i>Applicable to ARs. Delays in both PHA and Tenant compliance.</i>	
Verification Error	<i>NYCHA gaps in verifying income/assets/expenses provided by the Tenant 3rd-party verification process.</i>	
If NYCHA owes Tenant a Credit or if Tenant owes Retroactive Rent		
<input type="checkbox"/> Check if NYCHA owes Credit to Tenant, complete Worksheet in 8.a. below.		
<input type="checkbox"/> Check if Tenant owes Retroactive Rent, complete Worksheet in 8.b. below.		

LA 8-2: Credit Owed to Tenant

Calculate retroactive credit owed to the Fields family by utilizing the following worksheet:

8.a. Credit Owed to Tenant from Overpayment of Rent. Complete Worksheet in Appendix B.				
	Yes	No	N/A	Instructions
1. Was tenant overcharged for rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If "Yes", calculate credit owed to tenant.
2. Total owed to Tenant by NYCHA			\$	1,188

Worksheet – Credit Owed to Tenant	
Date of Worksheet: <u>2-12-25</u>	
a.From <u>7-1-24</u>	b.To <u>4-1-25</u> (add 30 days for processing)
RENT CHARGED BY NYCHA	RENT THAT SHOULD HAVE BEEN CHARGED
Tenant Rent \$ _____	Tenant Rent \$ <u>235</u>
Difference \$	<u>132</u>
	X <u>9</u> (Number of Months)
Total Owed by NYCHA \$	1,188
Prepared By _____	Approved By _____
Date _____	Date _____

LA 8-3: Retroactive Rent Owed by Tenant

Calculate the Bonillo household's retroactive rent utilizing the following worksheet for retroactive owed by the Resident:

Date Tenant Should Have Reported Change by (per PHA policy): 2-10-24

If Reported Timely, Rent Should have Increased on (30-day notice for rent increase): If an interim, refer to PHA's ACOP policy on interim increases:

<p>a.From <u>4-1-24</u></p>	<p>b.To <u>7-31-24</u></p>
-----------------------------	----------------------------

REPORTED INCOME	ACTUAL INCOME												
<table border="0" style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">SOURCE</th> <th style="width: 50%; text-align: center;">ANNUAL AMOUNT</th> </tr> <tr> <td style="text-align: center;">Door Dash</td> <td style="text-align: right;">\$ 6,720</td> </tr> <tr> <td style="text-align: center;">Total Annual Income</td> <td style="text-align: right;">\$ 6,720</td> </tr> </table>	SOURCE	ANNUAL AMOUNT	Door Dash	\$ 6,720	Total Annual Income	\$ 6,720	<table border="0" style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">SOURCE</th> <th style="width: 50%; text-align: center;">ANNUAL AMOUNT</th> </tr> <tr> <td style="text-align: center;">OWNS BUSINESS</td> <td style="text-align: right;">\$ 32,690</td> </tr> <tr> <td style="text-align: center;">Total Annual Income</td> <td style="text-align: right;">\$ 32,690</td> </tr> </table>	SOURCE	ANNUAL AMOUNT	OWNS BUSINESS	\$ 32,690	Total Annual Income	\$ 32,690
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ALLOWANCES: (TYPE)	AMOUNT																												
DEPENDENT \$480 x 2	\$960																												
Total Allowances	\$960																												
Adjusted Annual Income	\$ 5,760																												
TTP	\$144																												
U/A	\$0																												
Tenant Rent	\$144																												
ALLOWANCES: (TYPE)	AMOUNT																												
DEPENDENT \$480 x 2	\$960																												
Total Allowances	\$960																												
Adjusted Annual Income	\$31,730																												
TTP	\$793																												
U/A	\$0																												
Tenant Rent	\$793																												

Amount of Tenant Rent for Reported Income:	\$	<u>144</u>
Amount Tenant Rent Should Have Been:	\$	<u>793</u>
Difference	\$	<u>649</u>
		<u>X 4</u> (Number of Months)
Total	\$	<u>2,596</u>

NYCHA Quality Assurance Training

Answer Keys

If Income Changed After Previous Page., Continue Here:

Date Tenant Should Have Reported Change by (*per PHA policy*): 6-21-24

a.From 8-1-24

b.To 1-1-25

REPORTED INCOME	
SOURCE	ANNUAL AMOUNT
Door Dash	\$ 6,720
Total Annual Income	\$ 6,720

ACTUAL INCOME	
SOURCE	ANNUAL AMOUNT
OWNS BUSINESS	\$ 35,620
Total Annual Income	\$ 35,620

ALLOWANCES: (TYPE)	AMOUNT
DEPENDENT \$480 x 2	\$ 960
Total Allowances	\$ 960
Adjusted Annual Income	\$ 5,760
TTP	\$ 144
U/A	\$0
Tenant Rent	\$ 144

ALLOWANCES: (TYPE)	AMOUNT
DEPENDENT \$480 x 2	\$ 960
Total Allowances	\$ 960
Adjusted Annual Income	\$ 34,660
TTP	\$ 867
U/A	\$0
Tenant Rent	\$867

Amount of Tenant Rent for Reported Income: \$ 144

Amount Tenant Rent Should Have Been: \$ 867

Difference \$ 723

X 5 (Number of Months)

Total \$ 3,615

Total (add all pages) \$ 6,211

Prepared By _____

Date _____ 20____

Approved By _____

Date _____ 20____

Chapter 8 Quiz

1. e	4. c
2. a	5. b
3. e	

Notes