



**NYS Division of Homeland Security & Emergency Services
HMGP 1957-1993-4020-4031**

Household Income Certification Forms

Greetings!

The New York State Division of Homeland Security & Emergency Services (DHSES) is pleased to provide verification forms for communities and property owners to document household income and request a State contribution toward the 25% non-Federal share of certain Hazard Mitigation Grant Program (HMGP) acquisition projects. Attached to this letter you will find three forms: Form A (Owner Certification), Form B (Household Member Certification), and an Information Sheet. Please note:

- New York State plans to use a Disaster Community Development Block Grant (CDBG) provided by the U.S. Dept. of Housing & Urban Development (HUD) and administered by NYS Homes & Community Renewal (HCR) for this purpose. While income verification may not have been requested in the past, it is a requirement of the HUD CDBG grant: HCR must document how its programs assist low- and moderate-income households and how identified goals were met.
- This information is used collectively to gauge the success and effectiveness of overall programs, not individual projects. It will not be used to deny otherwise eligible property owners from receiving either the FEMA HMGP grant (75%) administered by DHSES or the HUD CDBG grant (up to 25%) provided by NYS HCR as part of the DHSES project.
- Every adult living in the household---not just those listed on the deed---must complete this verification form. You can choose not to report, but only those applicants who provide completed forms for every adult in their household will qualify for the non-Federal share (up to 25%) to be contributed by New York State.
- This information must be provided during the duplication of benefits estimate, while the final offer is being calculated, prior to closing; otherwise, the State's share cannot be provided. Property owners must also provide the HUD1 statement provided at/after closing to qualify for the State's non-Federal share contribution.

Owners are reminded that their community is coordinating all acquisition activities locally and should always be their source for program information and the status of applications. Government applicants with questions can call their Hazard Mitigation Program Manager, or call 518-292-2304.

2013 HUD Income Limits Based on Household Size

Household Size:

1	2	3	4	5	6	7	8	Median Income
\$22,250	25,400	28,600	31,750	34,300	36,850	39,400	41,950	30%
\$37,100	42,400	47,700	52,950	57,200	61,450	65,700	69,900	50%
\$44,520	50,880	57,240	63,540	68,640	73,740	78,840	83,880	60%
\$59,300	67,800	76,250	84,700	91,500	98,300	105,050	111,850	80%
\$74,200	84,800	95,400	105,900	114,400	122,900	131,400	139,800	100%
\$88,950	101,650	114,350	127,100	137,250	147,400	157,600	167,750	120%
\$94,450	110,250	124,000	137,650	148,700	159,750	170,800	181,750	130%

FORM A: Owner(s) Certification (complete one for each property to be acquired)

Use this form to document household information and request a State contribution toward the 25% non-Federal share of certain Hazard Mitigation Grant Program (HMGP) acquisition projects.

The undersigned certifies that:

1. My name is: _____ (name).
2. My current mailing address is: _____ (street),
_____ (city), _____ (state) _____ (zip).
3. I am the owner of real property to be purchased through the FEMA Hazard Mitigation Grant Program (HMGP) administered by the NYS DHSES, and said real property is located in:
_____ (city) _____ County, New York at the street
address _____ (street number/name).
4. The number of people now 18 years of age or older in my household is: ____.
5. The number of people now younger than 18 years of age in my household is: ____.
6. The total number of people in my household is (add line 4 & line 5): ____.
7. I certify that, for the calendar year 2012, the total Adjusted Gross Income (income), from all sources, of my household, including my income, my spouse's (if any) income, and the income of all other household members 18 years of age or older, before any deductions, is \$ _____.
I further certify that the stated income is complete and correct.
8. The above stated income is at or below _____ % of the HUD median income limits for my area.
(A table listing these income limits can be found on page one of this document.)
9. I understand that my representations concerning the categorization of my total household income are subject to audit.
10. I further understand and acknowledge that I will be required to provide documentation to verify that the income information I provide is true and accurate, that I have records fully supporting the representations I make above, and will provide those records to New York State personnel for inspection upon reasonable request during normal business hours.

CERTIFICATION OF INCOME OF PROPERTY OWNER

Owner Last Name _____ HMGP Application Number _____

By executing this Certification, I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Printed Name & Signature of Primary Applicant Date

Printed Name & Signature of Co-Applicant Date

Printed Name & Signature of Witness Date

Owner Last Name HMGP Application Number

FORM B: Household Member(s) Certification (*complete one for each household member*)

Each owner-applicant, AND each household member 18 years or older, must complete this form to list all sources of income and verify each source.

Sources of income include, but are not limited to:

- Adjusted gross income, the full amount before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal service, the net income of any kind from real or personal property;
- The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment other than Supplemental Security Income;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- Welfare assistance;
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
- All regular pay, special pay & allowances of the Armed Forces (other than hazardous duty pay).

Include copies (not originals) of the document(s) listed next to each of your sources to verify that income (Social Security or SSI check or award letter, copy of bank statement showing direct deposit of benefits, copy of check, etc.). Complete submissions will reduce delays.

- _____ Payroll (Signed 2012 Federal Income Tax Returns or paystubs)
- _____ Social Security (copy of annual benefits statements, or copy of most recent two months bank statements showing direct deposit amounts underlined).
- _____ Supplemental Security Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- _____ Retirement/Pensions Income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- _____ Annuity income (copy of annual benefits statement or copy of most recent two months bank statements showing direct deposit amounts underlined).
- _____ Business/Self-employed (copy of most recent tax forms filed with the IRS).
- _____ Unemployment (copy of benefits letter or copy of recent checks for eight (8) weeks).
- _____ No income (Certification of Zero income).

By executing this Certification, I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section. By signing below, I certify that I have no objection to inquiries made in verifying the above information that I have submitted regarding myself or any person listed. I further certify that the above information is true, correct and complete, to the best of my knowledge.

Printed Name and Signature of Household Member

Date

INFORMATION SHEET
 New York State Housing Trust Fund Corporation
 CDBG-DR Funded Recreate NY Smart Home Buyout Program

A. ASSESSMENT			
Agent Name:		Date: [mm/dd/yyyy]	
		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
B. CLIENT PROFILE			
First Name:		Middle Initial:	
Last Name:		Suffix:	
Social Security Data Quality:	<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Partial SSN Reported (HUD) <input type="checkbox"/> Don't Know or Don't Have SSN (HUD) <input type="checkbox"/> Refused (HUD)	Social Security Number:	
Demographic Information			
Date of Birth: [mm/dd/yyyy]		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	<input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Current Cell Phone:	
Race:	<input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Asian (HUD) <input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> Chose not to respond <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) <input type="checkbox"/> Other <input type="checkbox"/> White or Caucasian (HUD)	Current Email Address:	
Other Race If More Than One:	<input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Asian (HUD) <input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> Chose not to respond <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) <input type="checkbox"/> Other <input type="checkbox"/> White or Caucasian (HUD)	Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (Non-Hispanic/Latino)

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C. HOUSEHOLD INFORMATION				
Household Type:	<input type="checkbox"/> Couple With No Children <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Single Adult <input type="checkbox"/> Single Parent <input type="checkbox"/> Other	Head of Household: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Relationship to Head of Household:	<input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Granddaughter <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandson <input type="checkbox"/> Husband <input type="checkbox"/> Husband and Father <input type="checkbox"/> Mother <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Other relative <input type="checkbox"/> Self <input type="checkbox"/> Significant Other <input type="checkbox"/> Son <input type="checkbox"/> Step-Daughter <input type="checkbox"/> Step-Son <input type="checkbox"/> Unknown <input type="checkbox"/> Wife <input type="checkbox"/> Wife and Mother		
C1. Additional Clients to Household				
Last Profile:	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	Social Security Number:	
First Name:			Middle Initial:	
Last Name:			Suffix:	
Birth Date: [mm/dd/yyyy]			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Head of Household:	<input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Granddaughter <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandson <input type="checkbox"/> Husband <input type="checkbox"/> Husband and Father <input type="checkbox"/> Mother <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Other relative <input type="checkbox"/> Self <input type="checkbox"/> Significant Other <input type="checkbox"/> Son <input type="checkbox"/> Step-Daughter <input type="checkbox"/> Step-Son <input type="checkbox"/> Unknown <input type="checkbox"/> Wife <input type="checkbox"/> Wife and Mother		
D. TEMPORARY ADDRESS/CONTACT INFORMATION				
Address Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	Best Contact Phone Number:		
Street Address:			Other Phone Number:	
Bldg/Apartment Number:			State:	
City:			Zip Code:	
D1. Replacement Housing				
Address:			City:	
State:		County:	Zip Code:	

INFORMATION SHEET
 New York State Housing Trust Fund Corporation
 CDBG-DR Funded Recreate NY Smart Home Buyout Program

E. CDBG BUYOUT ASSISTANCE ASSESSMENT			
Full Name (Include Spouse, Trust, Business, etc)	If trust or business, enter first name "nc." or "Estate of" last name "Doe, Jane"		Assessment Date:
Recipient Entity:	<input type="checkbox"/> New York State		ID# (OBBO Only)
Are You The Deed Holder:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Buyout Property Address:		City:	
Buyout Property State:	NY	Buyout Property County:	
Buyout Property Zip Code:		Type of Property:	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Family Rental <input type="checkbox"/> Residential <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Single Family Rental <input type="checkbox"/> Vacant Lot
Year Built:		Are You in a Flood Plain?:	<input type="checkbox"/> 100 yr <input type="checkbox"/> 500 yr <input type="checkbox"/> None
Health and Safety Risk:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substantially Damaged:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Construction Study
Area Median Income:	<input type="checkbox"/> Less than or equal to 100% <input type="checkbox"/> Greater than 100%		

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Duplication of Benefits			
Cost to Acquire New Home: (HUD-1 / Closing Statement)		Pre-Storm Fair Market Value of Flood-damaged dwelling:	
Total Insurance Received: (Homeowner's insurance for Real Estate Only)		Insurance Company Name:	
Policy Number:		Insurance Received for Structure:	
Flood Insurance Company Name		Flood Insurance Policy Number	
NFIP Received:		Total FEMA Assist. Received:	
Total Eligible Receipts:		Amount Received From Other Governmental Assistance:	
Specify Government Source:		Amount Received from Other Non-Governmental Assistance:	
Specify Non-Governmental Source:		FEMA Number (9 digits):	
Federal Repair/Rehab/Express Received:		Estimate of Amount Due from Seller at Closing	
Destroyed Home Mortgage Amt. Before Award Pay Down		Current Balance of Mortgage on Destroyed Home::	
Total Award Amt. used to Pay Down Mortgage:		Consent and Release Form attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No