



INSTRUCTIONS FOR COMPLETING INCOME AFFIDAVIT FORM - 2020

**PLEASE ENSURE THAT YOU FILL OUT THE FORMS COMPLETELY,
ACCURATELY AND LEGIBLY. USE BLUE OR BLACK INK ONLY**



PERSONAL INFORMATION

PRINT THE FOLLOWING INFORMATION AT THE TOP OF THE FORM

Last Name – Head of Household: Example: JOHNSON

Address – Your street address and apartment number. Example:

120 Elgar Pl., Bldg. #34, Apt. 50B

Daytime telephone contact number: Example 718-555-5555

Development Name: Co-op City (Riverbay)	DHCR Number: H081	OCCUPANTS' ANNUAL AFFIDAVIT OF HOUSEHOLD INCOME FOR CALENDAR YEAR 2020		
Last Name – Head of Household:	Address:	Bldg.#:	Apt.#:	Daytime Telephone: ()



SECTION A – HOUSEHOLD INFORMATION

List all members of household and relationship currently residing in the apartment regardless of earning status. Example, if you have two residents, list head of household first, followed by other member:

JOHNSON, Doe
Head of household

JOHNSON, Dora
Wife

Current Household Members (Last Name, First Name)	Relationship
A1.	Head of Household
A2.	
A3.	
A4.	
A5.	
A6.	



Section A – HOUSEHOLD INFORMATION

- Enter for each resident:
 - Age - 59
 - Social Security number – 111-00-1111 Employed (YES/NO)
 - Type of NYS Tax Return filed For each household member - JOINT

Current Household Members Last Name, First Name)	Relationship	Age (as of 12/31/2018)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
11.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION A - HOUSEHOLD INFORMATION RESIDENT INCOME TAX

You need a copy of your 2020 tax return so that you can report your gross income:

Step 1 – Refer to NY State 2020 Tax Form IT-201: Go to line 19 and copy FEDERAL ADJUSTED gross income from line 19 to Income Affidavit form as Gross Income

Department of Taxation and Finance
Resident Income Tax Return
 New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... 19 and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name [MI] Your last name (for a joint return, enter spouse's name on line below) Your date of birth (mm/dd/yyyy) Your Social Security number

12 Rental real estate included in line 11 1200

13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) 1300

14 Unemployment compensation 1400

15 Taxable amount of Social Security benefits (also enter on line 27) 1500

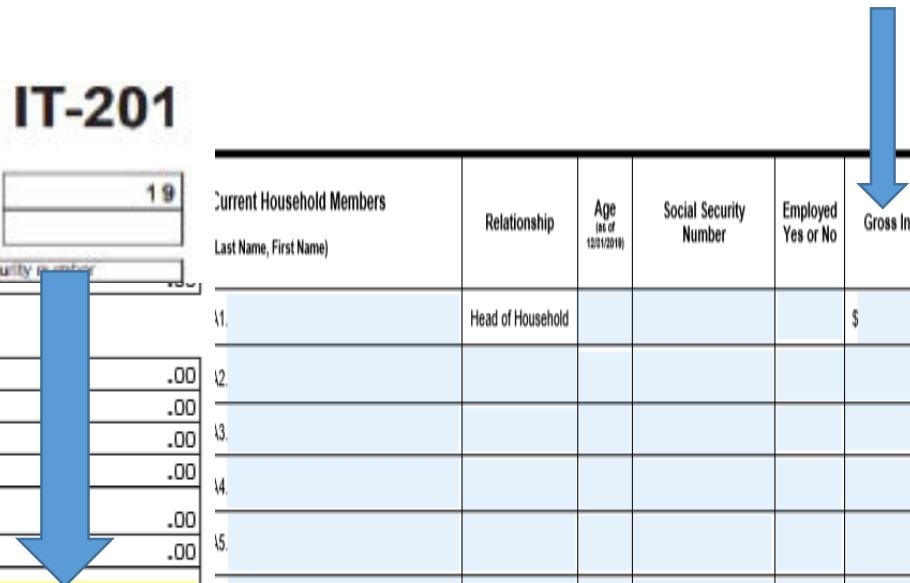
16 Other income (see page 16) Identify: 1600

17 Add lines 1 through 11 and 13 through 16 1700

18 Total federal adjustments to income (see page 16) Identify: 1800

19 Federal adjusted gross income (subtract line 18 from line 17) 1900

Current Household Members Last Name, First Name)	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
V1.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





SECTION A – HOUSEHOLD INCOME – NON RESIDENT INCOME TAX RETURN

You need a copy of 2020 tax return so that you can report your gross income.

Step 1 – Refer to NY State 2020 Tax Form IT-203. **Go to line 19 and copy FEDERAL ADJUSTED gross income from line 19 to Income Affidavit form as Gross Income**



NEW YORK STATE 2020 Department of Taxation and Finance
Nonresident and Part-Year Resident Income Tax Return **IT-203**
 New York State • New York City • Yonkers • MCTMT
 For the year January 1, 2020, through December 31, 2020, or fiscal year beginning _____ 19

For hi

12 Rental real estate included in line 11 (federal amount)	12	.00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 24) (Identify:)	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	.00	17	.00
18 Total federal adjustments to income (see page 24) (Identify:)	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00

New York additions (see page 26)

Current Household Members Last Name, First Name)	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
V1.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION A – HOUSEHOLD INFORMATION

If you filed a joint return and have more than one wage earner, list each person's income separately so that the secondary wage earner's deduction can be calculated.

EXAMPLE: Doe and Dora are married and filed jointly and they both work, List as follows:

JOHNSON, Doe - \$90,000 (Gross Income)

JOHNSON, Dora - \$12,000 (Gross Income)

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS
 $\$90,000 + \$12,000 = \$102,000$



GROSS INCOME

ENTER JOHNSON, Doe - \$90,000 (Gross Income)

JOHNSON, Dora - \$12,000 (Gross Income)

A7. TOTAL: ADD ALL LINES IN GROSS INCOME COLUMN: TOTAL IS \$90,000 + \$12,000 = \$102,000

Current Household Members (Last Name, First Name)	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed (Yes or No)	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)			
						Joint	Individual	None	
A1.	Head of Household				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section B: DEDUCTIONS									
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)					\$.000			
					A7. TOTAL: Add all lines in GROSS INCOME column	\$			

GROSS INCOME

IF EXTENSION OF TIME REQUESTED TO FILE, CHECK “NONE” AND ENTER ESTIMATED GROSS INCOME

If a 2020 NY State tax return was not filed, enter total income as “0.”

Current Household Members (Last Name, First Name)	Relationship	Age (as of 12/31/2019)	Social Security Number	Employed Yes or No	Gross Income	Type of NYS Tax Return Filed (Complete for each Resident)		
						Joint	Individual	None
A1.	Head of Household				\$			
A2.								
A3.								
A4.								
A5.								
A6.								

Section B: DEDUCTIONS
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35) \$,000

A7. TOTAL: Add all lines in GROSS INCOME column \$



SECTION B – DEDUCTIONS

Enter amounts of all personal exemptions, medical and dental expenses, and taxable social security benefits as instructed on the form. If no deductions, enter “0.”

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ _____,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$ _____,000
B3. SUBTOTAL (Add lines B1 and B2)	\$ _____,000
B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)	
B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:

- a Social Security number is not provided for each household member,
- the number entered on Line B3 is greater than the number of persons listed in Section A, or
- an amount is entered on Line B4 and/or B5.





DEPENDENT EXEMPTIONS – LINE B1

Refer to 2020 NYS TAX RETURN FORM IT – 201, LINE 36; OR IT 203, LINE 35

Copy the dependent exemptions reported on tax return form to income affidavit form

IT – 203

32 Enter the amount from line 31, <i>Federal amount</i> column	32	.00
Standard deduction or itemized deduction (see page 29)		
33 Enter your standard deduction (table on page 29) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33	.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	.00
35 Dependent exemptions (enter the number of dependents listed in item I; see page 29)	35	000.00
36 New York taxable income (subtract line 35 from line 34)	36	.00



IT – 201

Standard deduction or itemized deduction (see page 21)

34 Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	.00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37 Taxable income (subtract line 36 from line 35)	37	.00





ALLOWANCE FOR PERSONAL EXEMPTIONS

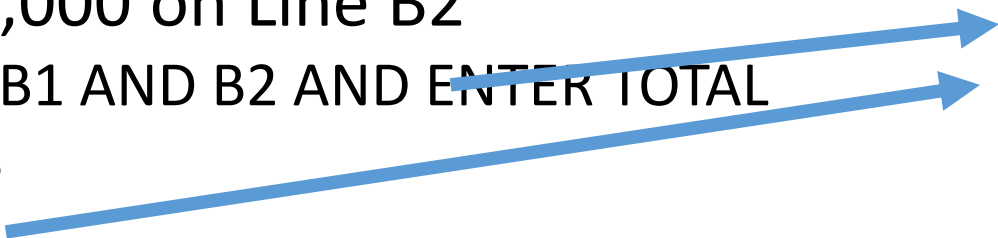
LINE B2

Refer to 2020 NYS TAX RETURN AND do the following:

Insert the number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1000.00 ON Line B2 on income affidavit: EXAMPLE: If number of dependents is 2 on Tax Return, multiply that number by \$1000.00; Total allowance is \$2,000.00

ENTER \$2,000 on Line B2

ADD LINES B1 AND B2 AND ENTER TOTAL ON LINE B3



Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ _____,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$ _____,000
B3. SUBTOTAL (Add lines B1 and B2)	\$ _____,000
B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)	
B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:

- a Social Security number is not provided for each household member,
- the number entered on Line B3 is greater than the number of persons listed in Section A, or
- an amount is entered on Line B4 and/or B5.



MEDICAL AND DENTAL EXPENSES

LINE B4 - Only if itemized deduction is taken – as reported on IT 196.
Resident itemized deduction line 1

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ _____,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$ _____,000
B3. SUBTOTAL (Add lines B1 and B2)	\$ _____,000
B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)	
B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	
Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:	
<ul style="list-style-type: none">• a Social Security number is not provided for each household member,• the number entered on Line B3 is greater than the number of persons listed in Section A, or• an amount is entered on Line B4 and/or B5.	





TAXABLE SOCIAL SECURITY BENEFITS

LINE B5 – AS REPORTED ON 2020 NY TAX RETURN IT-201 OR IT-205, LINE 15, OR TOTAL SOCIAL SECURITY BENEFITS IF 2020 NYS TAX RETURN WAS NOT FILED

Department of Taxation and Finance
Resident Income Tax Return
 New York State • New York City • Yonkers • MCTMT

2020 NEW YORK STATE

For the full year January 1, 2020, through December 31, 2020, or fiscal year beginning ... 19 and ending ...

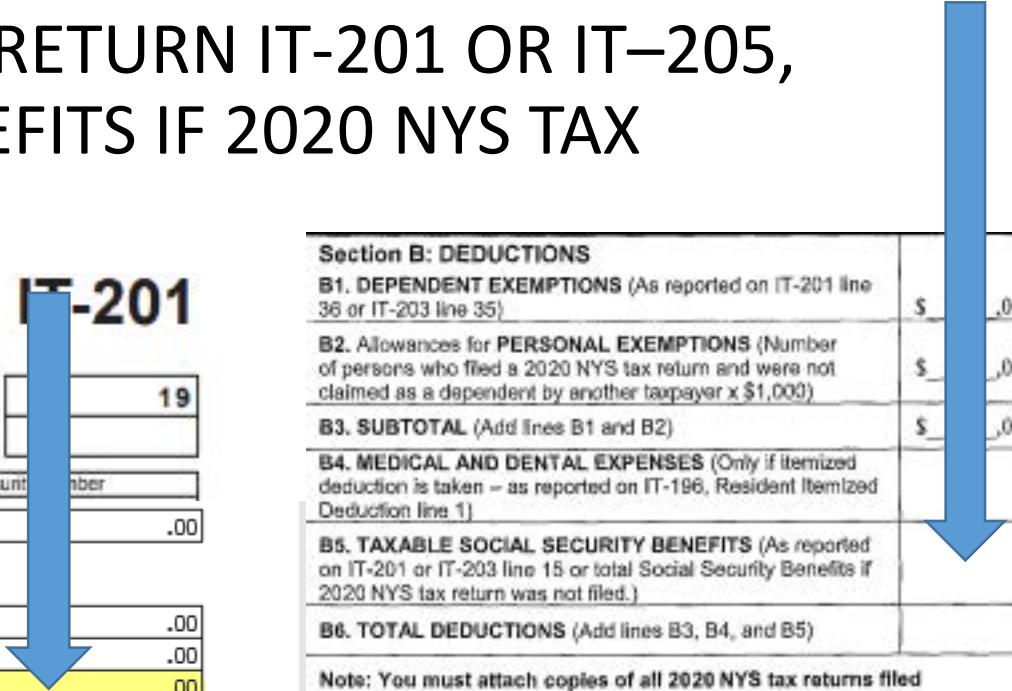
For help completing your return, see the instructions, Form IT-20 1-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mm/dd/yyyy)	Your Social Security number
trusts, etc. (submit a copy of federal Schedule E, Form 1040)				
12 Rental real estate included in line 11 (federal amount)	12	.00	11	.00
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16 Other income (see page 24) Identify:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	.00	17	.00
18 Total federal adjustments to income (see page 24) Identify:	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17)	19	.00	19	.00

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$.000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$.000
B3. SUBTOTAL (Add lines B1 and B2)	\$.000
B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)	
B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:

- a Social Security number is not provided for each household member,
- the number entered on Line B3 is greater than the number of persons listed in Section A, or
- an amount is entered on Line B4 and/or B5.





TOTAL DEDUCTIONS – LINE B6

- ADD LINE B3
 - B4
 - B5
- AND INSERT TOTAL
DEDUCTIONS ON LINE B6

Section B: DEDUCTIONS	
B1. DEPENDENT EXEMPTIONS (As reported on IT-201 line 36 or IT-203 line 35)	\$ _____,000
B2. Allowances for PERSONAL EXEMPTIONS (Number of persons who filed a 2020 NYS tax return and were not claimed as a dependent by another taxpayer x \$1,000)	\$ _____,000
B3. SUBTOTAL (Add lines B1 and B2)	\$ _____,000
B4. MEDICAL AND DENTAL EXPENSES (Only if itemized deduction is taken – as reported on IT-196, Resident Itemized Deduction line 1)	
B5. TAXABLE SOCIAL SECURITY BENEFITS (As reported on IT-201 or IT-203 line 15 or total Social Security Benefits if 2020 NYS tax return was not filed.)	
B6. TOTAL DEDUCTIONS (Add lines B3, B4, and B5)	

Note: You must attach copies of all 2020 NYS tax returns filed by members of your household if:

- a Social Security number is not provided for each household member,
- the number entered on Line B3 is greater than the number of persons listed in Section A, or
- an amount is entered on Line B4 and/or B5.

Attach a copy of 2020 NYS Income Tax return if Medical deduction and/or Social Security deduction is listed on B4 and/or B5.



Section C – DEPOSITION

SECTION C: DEPOSITION – Due to concerns about COVID-19, HCR has announced that forms **DO NOT NEED TO BE NOTARIZED. Signed Affidavits, without notary acknowledgement, are acceptable.**

SECTION C: DEPOSITION All Occupants 18 Years of Age or older MUST Sign Deposition.

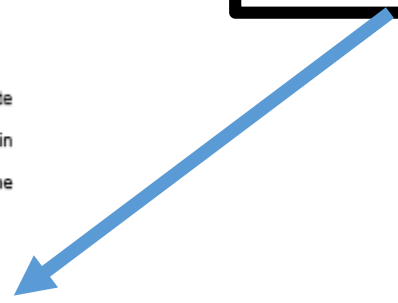
State of New York) SS: The Undersigned, being duly sworn, deposes and says:
County of)

- That (s)he hereby certifies that (s)he has read said statement of income and Household composition and knows the contents thereof; that the said statement is true to the personal knowledge of deponent.
- That (s)he understands that:
 - willful misrepresentation may be cause for termination of the occupancy agreement and/or civil or criminal penalties;
 - Social Security numbers are sought for use in verifying income information on this form pursuant to Section 60 of the Private Housing Finance Law; pursuant to the Privacy Act of 1974, disclosure of Social Security numbers is voluntary;
 - income information shown on this affidavit is subject to verification by the NYS Department of Taxation and Finance in accordance with the provisions of Section 171-b of the Tax Law; and
 - tenants are required to advise the housing company in writing within 90 calendar days of any additions or deletions to the household composition shown in section A, above.

Signature of Head of Household _____ State of New York, County of _____
Signature (other occupant) _____ Sworn to before me this ____ day of _____ 20__
Signature (other occupant) _____ Notary Public _____
Signature (other occupant) _____ Notary Seal/Stamp here →

DO NOT NOTARIZE

Sign here if 18 years or older





INSURANCE REQUIREMENTS

INSURANCE REQUIREMENT

- \$25,000 Personal Property
- \$2,500 Building property
- \$100,000 Liability protection
- \$1,000 Guest medical
- 12 months additional living expenses

Staple your insurance declaration page to the 2020 Income Affidavit Form.



SUBMIT INCOME AFFIDAVIT

MAY 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26		28	29
30	31					

Completed Income Affidavit forms are due by **May 31, 2021.**

Return completed forms by mail to Riverbay Corporation, Attn. Finance Department, 2049 Bartow Avenue, Bronx, NY 10475 **OR**

Place in a sealed envelope and drop in the carrying charge box in one of the three community centers. (Bartow, Dreiser or Einstein). **Only return the original and yellow copy of the form. Retain the pink copy for your records.**

Income Affidavits can also be returned electronically. Visit coopcitynyc.com, click on "Shareholders" and scroll down to "Resources" for further information on this option.