



### Occupancy and Income

1. List the name(s) for all persons who reside in the affordable housing rental unit.
2. Note any changes in household, i.e., did someone move in or out of the apartment in the last year.
3. Provide the gross annual income for all persons 18 years or older who reside in the apartment.
4. List annual salary/wages separately from other income such as alimony, child support, SSI, SSD, pension, investment income, dividends, etc.
5. List income information from part-time employment of children attending school full-time. It will not be calculated in the gross annual income for purposes of determining eligibility under the White Plains Affordable Housing Rental Program.

_____	_____	_____	\$ _____	\$ _____
Name	Relationship	Date of Birth (MM/DD/YY)	Salary/Wages	Other Income
_____	_____	_____	\$ _____	\$ _____
Name	Relationship	Date of Birth (MM/DD/YY)	Salary/Wages	Other Income
_____	_____	_____	\$ _____	\$ _____
Name	Relationship	Date of Birth (MM/DD/YY)	Salary/Wages	Other Income
_____	_____	_____	\$ _____	\$ _____
Name	Relationship	Date of Birth (MM/DD/YY)	Salary/Wages	Other Income

Add a separate sheet to report additional names and annual incomes, if needed.

### Employment

Provide employment information for **each person 18 years or older**:

1. Tenant Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number                      Street                      City                      State                      ZIP Code
2. Tenant Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number                      Street                      City                      State                      ZIP Code
3. Tenant Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number                      Street                      City                      State                      ZIP Code

If Retired, Former Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
 Number                      Street                      City                      State                      ZIP Code

Add a separate sheet to report additional names and annual incomes, if needed.

Do you receive a pension(s)?    Yes \_\_\_\_\_ No \_\_\_\_\_

How did you initially learn about the White Plains Affordable Rental Housing Program?

Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> City of White Plains Website | <input type="checkbox"/> Apartment Management Company |
| <input type="checkbox"/> Internet Search              | <input type="checkbox"/> Real Estate Agency           |
| <input type="checkbox"/> Friend or Family Member      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Housing Counseling Agency    |   |

### Supporting Documentation

**PLEASE SUBMIT SUPPORT DOCUMENTATION LISTED BELOW WITH THIS RECERTIFICATION FORM SO YOUR INCOME ELIGIBILITY CAN BE DETERMINED.**

For **each person 18 years and older** who will reside in the apartment:

1. Most recent Federal and State Income Tax Returns
2. Copy of forms reporting unearned income (child support, alimony, SSI, SSD, investment income, dividends, etc)
3. Copy of most recent bank statement
4. Copies of last four (4) pay check stubs
5. Copy of Pension Award statement, if any
6. Copy of Social Security Statement, if any
7. Proof of Residency: Driver's License or Utility Bill, etc.
8. Employment Verification Form (see attachment)

### Certification

**I/WE CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE. I/WE AGREE TO PROVIDE, UPON REQUEST, DOCUMENTATION ON ALL INCOME SOURCES TO THE AFFORDABLE RENTAL HOUSING PROGRAM.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS OR FALSE STATEMENTS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR EVICTION FROM THE AFFORDABLE HOUSING PROGRAM. PURSUANT TO NY PENAL LAW SECTION 210.45, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

### Submission

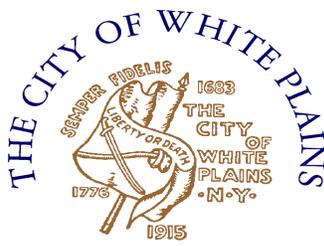
E-mail:  
[Planning@whiteplainsny.gov](mailto:Planning@whiteplainsny.gov)

**-OR-**

Mail:  
 City of White Plains  
 Department of Planning  
 70 Church Street  
 White Plains, NY 10601

### Information

City of White Plains  
 Department of Planning  
 (914) 422-1300



**PLANNING DEPARTMENT**

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E-Mail: Planning@whiteplainsny.gov

THOMAS M. ROACH  
MAYOR

CHRISTOPHER N. GOMEZ, AICP  
COMMISSIONER

LINDA K. PUOPLO  
DEPUTY COMMISSIONER

**Employment Verification Form**

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employer name and address: \_\_\_\_\_  
\_\_\_\_\_

Employment start date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Base Pay Rate: \$ \_\_\_\_\_ per hour / week / month (circle one)

Average hours worked per week at base pay rate: \_\_\_\_\_

Overtime pay rate: \$ \_\_\_\_\_

Total base pay earnings past 12 months: \$ \_\_\_\_\_

Total overtime earnings past 12 months: \$ \_\_\_\_\_

Projected pay next twelve months: \$ \_\_\_\_\_ with overtime: \$ \_\_\_\_\_

Person Supplying Information: \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Telephone Signature Date