

State of New York Division of Housing and Community Renewal

Office of Rent Administration Web Site: www.nyshcr.org Gertz Plaza 92-31 Union Hall Street Jamaica, NY 11433 (718) 739-6400

Income Certification Form - 2019 Filing Period

New York State's rent regulatory laws permit an owner to make an annual application to exempt from rent regulation housing accommodations having a "maximum rent" (rent controlled) or "legal regulated rent" (rent stabilized) equal to or in excess of the deregulation rent threshold. For proceedings commenced on or after January 1, 2019 "Deregulation Rent Threshold" is based on locality.* If the tenant(s) timely respond to a separate notice of the deregulation application from the NYS Division of Housing and Community Renewal (DHCR), the NYS Department of Taxation and Finance will review whether the housing accommodation is occupied by persons who have a total annual income in excess of the deregulation income threshold. For proceedings commenced after January 1, 2019 "Deregulation Income Threshold" continues to be \$200,000.00 in each of the two preceding calendar years. Annual income means federal adjusted gross income as reported on the New York State income tax return. For housing accommodations subject to rent stabilization, total annual income means the sum of the annual incomes of all persons whose names are recited as the tenant or co-tenant on a lease who occupy the housing accommodation, whether or not as a primary residence, and of all other persons who occupy the housing accommodation as their primary residence on other than a temporary basis. For housing accommodations subject to rent control, total annual income means the sum of the annual incomes of all persons who occupy the housing accommodation as their primary residence on other than a temporary basis. For both rent-stabilized and rent-controlled housing accommodations, the incomes of bona fide employees or bona fide subtenants are not included. In all cases, the operative date for determining the nature of any person's status or occupancy is the date that this form is served upon the tenant. The incomes of otherwise qualifying tenants or occupants who temporarily vacated the housing accommodation during the 2017, 2018 or 2019 calendar years will be included in total annual income. This form, when served upon a tenant, initiates the process of determining whether this housing accommodation qualifies for deregulation based upon the above criteria. This housing accommodation can only be deregulated pursuant to a separate order issued by the DHCR in response to an owner's filing of a petition for deregulation based on the tenant's (s') income. No order of deregulation will be issued if the owner is receiving J-51 or 421-a tax benefits.

***Deregulation Rent Threshold:** New York City - \$2,774.76; Westchester (owner pays for heat <u>and</u> hot water) - \$2,830.21; Westchester (tenant pays for heat <u>or</u> hot water) - \$2,803.86; Ossining (owner pays for heat <u>and</u> hot water) - \$2,774.72; Ossining (tenant pays for heat <u>or</u> hot water) - \$2,759.70; Nassau - \$2,774.89; and Rockland - \$2,733.75.

Part A

(To be completed by the owner or the owner's managing agent)

2. Mailing Address of Tenant(s): (as named on lease)
Name:	
Number/Street:	Apt. No.:
City,	
rolving the subject housing accommodation	of which you are aware:
	Date:/
Part B	
	City, State, Zip Code: rolving the subject housing accommodation

(To be completed by the tenant(s) named in the existing lease or by statutory tenant(s) and returned to the owner, not to DHCR. Also, where the tenant named in the lease is a corporation, consulate, institution or a business entity, all occupants must complete this form.)

Tenants are not required to complete this form if the legal regulated rent or maximum rent of their housing accommodation is less than the deregulation rent threshold per month, or if they are in receipt of SCRIE or DRIE benefits.

RA-93 CF (12/18)

5.	List the names of all tenants of this housing accommodation. Include all persons whose names are recited as t tenant on any lease (for rent-stabilized housing accommodations) as well as "statutory tenants" (those without if this is a rent-controlled housing accommodation. In the "status" column, enter: "a" for those tenants who chousing accommodation as a primary residence on other than a temporary basis or who have sublet this housi to another person; "b" for those tenants who occupy it as a non-primary residence; "c" for those tenants who have accepted this housing accommodation (other than those listed under "a" above who have sublet the housing accommodation for those tenants who have permanently vacated the housing accommodation. If you entered "c" or "d" for the date upon which that tenant vacated the apartment. For each tenant listed, indicate by writing "Yes" or "No provided, whether the tenant filed New York State income tax returns for 2017 and 2018. If any tenant did not one or both years, give the reason(s) for not filing. (Attach an additional sheet if necessary.)							ut a curre o occupy using acco o have ten ccommoder for any ten No" in the	ent lease this ommodate mporarily dation), a chant, entire space	ion / ind ter			
	Name of Ten	ant		Statu (a), (b) or (c	, (c),	Vacancy Da for status (c) (mo./day	or (d)	N.Y.S. In Fax Retur 2017		Reaso	n for not	filing	
						//_							
						//							
						//_							
	housing accommodation Section 226-b of the Rea	n in conno al Propert licate, by for 2017 Status	ection with y Law, che writing "Yo and 2018 a Date of Va of Chang	such emp ck the app es" or "No and wheth acancy or e in Use	oloyment, or propriate boto o" in the spa	a bona fide x. For each ces provided	subtenan person li d, whethe	t in occup sted (othe er such per rns.	oancy pursi or than a bo rson was ro N.Y.S. Tax F	n occupant residing in the cy pursuant to the provisions of the nan a bona fide employee or a n was required to file New York N.Y.S. Income N.Y.S. Income Tax Return Tax Return			
	Name Occupant	(a, b, c, or d)	(mo./da for status		Employee	Subtenant	Child	Age of Child	2017	2018	2017	ed? 2018	
			/_	_/									
			/_	_/									
			/_	_/									
			/_	_/									
			/_	/									
	If any occupant listed (of both years, indicate that of	her than a	a bona fide s name and	employee explain (a	or bona fide	e subtenant) dditional sh	did not f	ile a N.Y.s	S. income	tax returr	n for eithe	er or	
7.	List the docket number(s	of all D	HCR proce	eding(s) i	nvolving the	e subject hor	ising acc	ommodati	ion:				
		,											
_					•								

RA-93 CF (12/18)

8. Income Certification		
I (we) hereby certify that the total annual income tax returns) of all persons identified in Items 5 an	(the total federal adjusted gross incomes as reported 6 above, excluding (for rent-stabilized and rent-	ed on the New York State income controlled apartments):
• those persons listed in Item 5 under status '	'd";	
• those persons designated as employees or s	subtenants in Item 6;	
• those persons listed in Item 6 under status '	'b" and "d"; and	
• for rent-controlled apartments only , also ex	scluding those persons listed in Item 5 under status	"b," is
-		,
(Check one)	ha tura pragadina galandar yaara	
in excess of \$200,000.00 in each of the		
\$200,000.00 or less in either of the tw	vo preceding calendar years.	
Signature of Tenant	Name (printed)	Date
Signature of Tenant	Name (printed)	Date
Return the completed form to the owner, a Do not return this form to DHCR. It is not necessary that the statements made in this for penalties provided by law.	, , , , , , , , , , , , , , , , , , ,	•
	Notice to Tenant(s)	
By serving you with this form for completion, the ow rent stabilization protections for your apartment, such certified to by you may be subject to verification by 171b of the Tax Law. You are not required to provid You have protections available to you to prevent hara.	as the protections against unlimited rent increases y the New York State Department of Taxation and le any information regarding your income except the	and eviction. The income level nd Finance pursuant to Section
You must return this completed certification to the ov the owner served you with the form. You should retail deregulation of the subject housing accommodation.		
You must keep photocopies of the preprinted mailing security numbers and income figures deleted) for efuture submission to DHCR when requested.	labels or the first page of the New York State incorach tenant or occupant listed on this form for both	me tax returns (with social tax years 2017 and 2018 for
	Notice to Owner	
DHCR shall dismiss an owner's petition for deregulat upon the tenant on or before May first of each calen the recipient of SCRIE or DRIE benefits. The own methods:	idar year. Owner's may not serve an ICF on any	y apartment where the tenant is
 Personal delivery, where accompanied by a correceipt; and/or 	opy of the Income Certification Form signed (not in	nitialed) by the tenant upon
2) Certified mail where accompanied by a United	d States Postal Service receipt; and/or	
3) Regular first-class mail where accompanied b	y a United States Postal Service Certificate of Mail	ling.

It is suggested that the owner retain proof of service, together with a copy of the form served on the tenant.

Quienes deseen más información o asistencia, pueden llamar a la Línea de Información de Alquileres de la DHCR a (718) 739-6400.