



Clinton Housing Development Company

LOW-INCOME LEASE RIDER
INCLUSIONARY HOUSING

**THIS RIDER, AN INCOME CERTIFICATION, AND AN INCOME VERIFICATION
MUST BE OBTAINED FROM ALL TENANTS OF APARTMENTS DEVELOPED UNDER
NEW YORK CITY ZONING RESOLUTION, SECTION 23-90, INCLUSIONARY HOUSING**

Tenant: _____
(If there is more than one adult occupant, each one must complete and sign a rider and attachments.)

Lease Term: _____ Apt. #: _____
(Starting and Ending Dates)

Building _____
Address: _____

The undersigned tenant hereby certifies and agrees as follows:

1. **Income Certification:** My income certification is true, correct, and complete.
2. **Income Verification:** The Owner or Property Manager has my permission to verify my income from all sources
3. I understand that the Owner and Property Manager are relying on my income certification in accepting me as a tenant, and that the Owner will be seriously harmed if my income does not qualify the apartment for low-income tax credits. This rider shall be considered part of my lease.

Date: _____, 20____

Signature of Applicant/Tenant

Joe Restuccia, Treasurer, Clinton HDPC