

# SCRIE Senior Citizen Rent Increase Exemption

## 2018 INITIAL APPLICATION

### Before you begin:

- Make sure that you, as the primary applicant, sign the last page.
- Mail your completed application and all supporting documentation to:  
New York City Department of Finance, SCRIE Unit,  
59 Maiden Lane, 22nd Floor, New York, NY 10038.
- If you need assistance, call 311 or send us a message at [nyc.gov/contactscrie](https://nyc.gov/contactscrie).

### 1. APPLICANT INFORMATION

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -	
EMAIL ADDRESS	HAVE YOU OR YOUR SPOUSE APPLIED FOR SCRIE IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 2. TENANT REPRESENTATIVE INFORMATION

You can have copies of your notices mailed to another person (in addition to you). Please provide the name and address of your representative by completing the following Tenant Representative Information Section. Note: If you do not provide a complete name and address, a notice cannot be mailed to your tenant representative.

NAME (FIRST, LAST)	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER ( ) -	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at [nyc.gov/contactscrie](https://nyc.gov/contactscrie) or [nyc.gov/contactdrie](https://nyc.gov/contactdrie).

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## 3. HOUSEHOLD MEMBERS AND INCOME

Complete the income section that follows for you (applicant) and each household member. Supporting income documents must be supplied for all household members. See *Pre-Qualifying Income Worksheet* to calculate total income.

If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

### Applicant:

NAME (FIRST, LAST)		
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Rent paid to you by boarder(s): _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other: _____
If you retired in the year 2017, please indicate retirement date: _____		
TOTAL INCOME FROM 2017	TOTAL DEDUCTIONS FOR 2017	<input type="checkbox"/> I HAD NO INCOME IN 2017

### Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2017	TOTAL DEDUCTIONS FOR 2017	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2017

### Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2017	TOTAL DEDUCTIONS FOR 2017	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2017

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## 4. APARTMENT TYPE (SELECT ONE)

☐ **Rent Stabilized**

If checked, please submit:

- Current and prior leases signed by both you and your landlord
- Preferential or Low Income Housing Tax Credit (LIHTC) rider, if applicable

LEASE TERM (CHECK ONE)

☐ 1 YEAR

☐ 2 YEARS

Is this your first lease for this apartment?

☐ Yes

☐ No

☐ I don't know

☐ **Rent Controlled**

If checked, please submit:

- Current year (and prior year, if applicable) Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26
- Current year (and prior year, if applicable) Owner's Report and Certification, of Fuel Cost Adjustment Form RA33.10

☐ **Rent Regulated Hotel/Single Room Occupancy (SRO)**

If checked, please submit:

- Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year
- A letter from management or owner indicating current and prior rents

Note: If your rent increased due to a Major Capital Improvement (MCI), provide the Division of Housing and Community Renewal (DHCR) Approval Order.

## 5. CERTIFICATION

Please read carefully and sign the below certification. Your application is not complete if you do not sign.

I hereby certify under penalties provided by law that I currently reside at the address shown in this application and that the information provided is true and complete.

I understand and agree that if I fail to disclose all income from household members, as well as rental payments made to me from boarders, I may be held responsible to repay the City the full amount of any SCRIE benefits received improperly plus any interest charges.

I understand that my income is subject to income verification by the Department of Finance.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	DATE

*If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required.*

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Social Security Numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Social Security Numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.