



SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) PORTABILITY APPLICATION

Mail to: NYC Department of Finance, SCRIE Program, 59 Maiden Lane, 19th Floor, New York, NY 10038

Instructions: Please mail the completed and signed application, with copies of all requested documents.

Previous SCRIE Docket #: _____

SECTION I - TENANT/APPLICANT INFORMATION

Enter New Rent Regulated Apartment or Hotel Address

A. New Apartment Information.

1. Tenant's Name: _____
FIRST NAME LAST NAME

2. Tenant's New Address _____ Apt. #: _____
NUMBER STREET NAME

Borough: _____ Zip Code: _____

P.O. Box _____ P.O. Station: _____ Telephone Number: (____) _____

B. Tenant's Previous Apartment Information.

1. Address _____ Apt. #: _____
NUMBER STREET NAME

City: _____ State _____ Zip Code: _____

SECTION II - NEW OWNER INFORMATION

1. Owner's Name: _____
FIRST NAME LAST NAME

2. Owner's Address _____
NUMBER STREET NAME

City: _____ State _____ Zip Code: _____

Telephone Number: (____) _____

SECTION III - APARTMENT RENTAL INFORMATION

1. Monthly rent paid in previous apartment was: \$ _____
2. Full monthly rent in previous apartment was: \$ _____

3. Date you moved to the new address (listed above): _____ / _____ / _____
MONTH DAY YEAR

4. The current lease dates are: From _____ / _____ / _____ To _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

5. New monthly rent: \$ _____
6. Apartment type: Rent Stabilized Hotel

7. Is gas included in your rent? YES NO
8. Is electricity included in your rent? YES NO

9. Number of rooms in apartment: _____
10. Number of windows in apartment: _____

11. Total number of apartments in building: _____

SECTION IV - HOUSEHOLD MEMBERS AND INCOME INFORMATION

A. List all individuals living in your household:

1. Name: _____
FIRST NAME LAST NAME RELATIONSHIP TO TENANT

Date of Birth: ____/____/____ Social Security Number: [] [] []
MONTH DAY YEAR

2. Name: _____
FIRST NAME LAST NAME RELATIONSHIP TO TENANT

Date of Birth: ____/____/____ Social Security Number: [] [] []
MONTH DAY YEAR

3. Name: _____
FIRST NAME LAST NAME RELATIONSHIP TO TENANT

Date of Birth: ____/____/____ Social Security Number: [] [] []
MONTH DAY YEAR

B. Total Number of Persons Residing in the Apartment: _____

C. Total Household Income: \$ _____

SECTION V - AFFIRMATION

I hereby affirm under the penalties provided by law that the statements above are true, correct and complete to the best of my knowledge. I understand that disclosure of the total household income is mandatory to obtain SCRIE. All parts of this application are subject to verification. I may be required to provide additional information to support the application. I authorize the release of the above information to the Social Security Administration or other agencies for the purpose of determining my eligibility for other entitlements or benefits.

Signature

Print Name

Date



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If you need assistance in completing this application, please call 311.

GENERAL INSTRUCTIONS

Use this application only if you:

- are a current active SCRIE recipient, and
- moved from one NYC rent regulated apartment or hotel to another, and
- want your recent exemption to be continued in your new rent regulated apartment or hotel.

Please answer all questions, sign and return to the address listed below. Remember to enter the docket of your current SCRIE account. If you are filing for the first time, do not complete this application. For further information or instructions, please dial 311 or write to:

NYC Department of Finance
SCRIE Program
59 Maiden Lane, 19th Floor
New York, NY 10038

APPLICATION INSTRUCTIONS

PLEASE TYPE OR PRINT (IN PEN) ALL INFORMATION REQUESTED

- | | |
|---------------------|---|
| SECTION I. A | Print your name and the address of your new apartment |
| SECTION I. B | Fill in the name and address your previous apartment |
| SECTION II | Fill in the name and address of the owner of your new apartment. |
| SECTION III | Complete this section to the best of your knowledge. Attach copy of your lease with your completed application. |
| SECTION IV | List all persons residing in your household, their date of birth and Social Security number (Questions A and B). Enter your total household income. (Question C). |
| SECTION V | Please sign, date and return the application to the Finance SCRIE Unit. Without your signature, the application cannot be processed. It will be returned to you. |

APPLICATION CHECKLIST

Be sure that you have:

- attached copy of your new lease or Rent Increase Notice
- signed and dated the application

MAIL YOUR APPLICATION ALONG WITH COPIES OF REQUESTED DOCUMENTS TO:

NYC Department of Finance - SCRIE Program
59 Maiden Lane, 19th Floor,
New York, NY 10038