



The City of New York  
 Department for the Aging  
 Senior Citizen Rent Increase Exemption (SCRIE) Application

This form is for new  
 SCRIE Applicants only.  
 (SEE REVERSE SIDE FOR INSTRUCTIONS)

**A. TENANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init: \_\_\_\_\_  
 Street: \_\_\_\_\_ Apt.: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PO Box: \_\_\_\_\_ PO Station: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Have you ever applied for SCRIE before? \_\_\_ No \_\_\_ Yes (Docket Number: \_\_\_\_\_ Year: \_\_\_\_\_)

**B. THIRD PARTY INFORMATION (Tenant Representative)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**C. BUILDING OWNER**

**MANAGING AGENT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Room No \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Room No \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

**D. RENTAL and BUILDING INFORMATION**

Date moved in: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Current Rent Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_  
 New Rent Increase Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_  
 Rent increase is for:  
 1-year renewal lease \_\_\_ 2-year renewal lease \_\_\_ Fuel \_\_\_ Building Improvement (MCI) \_\_\_ Rent Control \_\_\_  
 Other (explain): \_\_\_\_\_  
 Does Rent Include gas? \_\_\_ Yes \_\_\_ No Electricity? \_\_\_ Yes \_\_\_ No  
 My apartment has: # \_\_\_\_\_ rooms and # \_\_\_\_\_ windows.  
 Apartment is: \_\_\_ Rent Stabilized \_\_\_ Rent Controlled \_\_\_ Rooming House \_\_\_ Hotel Name \_\_\_\_\_  
 Building has: \_\_\_ less than 6 apartments \_\_\_ more than 6 apartments.

**E. FAMILY & HOUSEHOLD INFORMATION (List all individuals living in Household)**

Name	Relationship	Date of Birth	Social Security #
Self			

**F. INCOME FOR CALENDAR YEAR PRIOR TO APPLICATION**

Name	Social Security	SSI	Pension	Wages	Interest	Public Assistance	Rent from Boarders	Other
Self	\$							

**G. ALLOWABLE DEDUCTIONS**

Name	Fed/State/ Local Taxes	Union Dues	Court Orders/Support Payments	Social Security Taxes
Self	\$			

**Tenant Affirmation and Income Disclosure.** I hereby affirm under penalties provided by law that the contents of this document 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.

PRINT NAME

SIGNATURE

DATE