

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

MAKE SURE YOU HAVE ATTACHED COPIES
 OF DOCUMENTS REQUESTED.
 (SEE PAGE 2 FOR INSTRUCTIONS)

A. TENANT INFORMATION

Last Name: _____ First Name: _____ Init: ____
 Street: _____ Apt.: _____ Borough: _____ Zip: _____
 PO Box: _____ PO Station: _____ Home Telephone: (____) ____ - _____

B. BUILDING OWNER

C. YOUR PREVIOUS HOME ADDRESS

Name: _____	Address: _____	Apt. No. _____
Telephone: (____) ____ - _____		
Address: _____ Room No _____	City: _____	
City: _____ State: __ Zip: _____	State: __ Zip: _____	

D. RENTAL INFORMATION

THE MONTHLY RENT I PAID IN MY PREVIOUS APARTMENT WAS: \$ _____
 THE FULL MONTHLY RENT IN THE PREVIOUS APARTMENT WAS: \$ _____
 DATE I MOVED INTO THE NEW APARTMENT: MONTH _____ YEAR _____
 MY NEW APARTMENT IS ____ RENT STABILIZED ____ HOTEL
 MY CURRENT LEASE DATES ARE FROM ____/____/____ TO ____/____/____ RENT IS: \$ _____
 MY PREVIOUS SCRIE DOCKET NUMBER IS: _____
 THERE ARE # _____ ROOMS AND # _____ WINDOWS IN MY NEW APARTMENT
 THERE ARE ____ LESS THAN 6 APTS. ____ 6 APTS. OR MORE IN THE BUILDING
 DOES RENT INCLUDE: GAS? ____ YES ____ NO ELECTRICITY? ____ YES ____ NO

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

Name	Relationship	Date of Birth	Social Security #

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

PORTABILITY APPLICATION

This is a special application that you must complete if:

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

Please answer all the questions, sign and return to the address listed below. Remember to enter the docket number 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:

DEPARTMENT FOR THE AGING
SENIOR CITIZEN RENT INCREASE EXEMPTION PROGRAM
2 LAFAYETT STREET, 6TH FLOOR
NEW YORK, NY 10007

APPLICATION INSTRUCTIONS

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED CLEARLY WITH INK.

SECTION A Print your name and the address of your new apartment.
Tenant Info

SECTION B Fill in the name and address of the owner of your new apartment.
Owner Info

SECTION C Print the address and the apartment number where you lived previously.
Previous Res.

SECTION D Complete this section to the best of your knowledge and attach copy of your lease.
Rental Info

SECTION E List all the persons residing in your household, their date of birth and their Social Security number.
Family Info

SECTION F List all the income received by yourself and all the other members of your family for the tax year preceding the year in which you moved into your new apartment. Attach copies of all documents that match the income listed.
Income Info

SECTION G List only those deductions noted on the form, and attach copies of official documents that support your listed deductions.
Allowable Deductions

SIGNATURE Please sign, date and return the application to SCRIE. Without your signature, the application will NOT be processed. It will be returned to you.

APPLICATION CHECKLIST Be sure that you have included:

- attached copies of income documents that match the income listed on the form.
- attached copy of your new lease or Rent Increase Notice.
- signed the application.

MAIL APPLICATION TO:

DEPARTMENT FOR THE AGING
SENIOR CITIZEN RENT INCREASE EXEMPTION PROGRAM
2 LAFAYETTE STREET, 6TH FLOOR
NEW YORK, NY 10007