



**SCRIE/
DRIE**

NYC DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

**APPLICATION FOR SENIOR CITIZEN OR
DISABILITY RENT INCREASE EXEMPTION**

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

THIS FORM IS FOR NEW SCRIE/DRIE APPLICANTS ONLY

Instructions: Please forward the completed and signed application, with copies of your current and prior renewal lease or rent order, to the address above or fax them to 212-232-1757. Please refer to complete instructions attached.

SECTION A - TENANT/APPLICANT INFORMATION

PLEASE PRINT OR TYPE YOUR ANSWERS

1. Tenant #1 Named on Lease a. _____ b. _____
FIRST NAME LAST NAME
- c. Date of Birth: ____/____/____ d. Social Security Number: [][]-[][]-[][][][][][]
- e. Telephone #: (____) _____ f. Email Address: _____
- g. Is the Tenant Disabled? YES NO - If Yes, do you receive (check all that apply):
 Federal SSI Federal SSDI Veterans Service Related Disability Pension Disability Related Medicaid
2. Tenant #2 Named on Lease a. _____ b. _____
FIRST NAME LAST NAME
- c. Date of Birth: ____/____/____ d. Social Security Number: [][]-[][]-[][][][][][]
- e. Is the Tenant Disabled? YES NO - If Yes, do you receive (check all that applies):
 Federal SSI Federal SSDI Veterans Service Related Disability Pension Disability Related Medicaid
3. Has Tenant #1 or #2 Received SCRIE Before? YES NO If YES, enter Docket #: _____
4. Has Tenant #1 or #2 Received DRIE Before? YES NO If YES, enter DRIE Case #: _____

SECTION B - APARTMENT INFORMATION

5. Address a. _____ b. Apt. #: _____
NUMBER STREET NAME
- c. Borough: _____ d. Zip Code: _____
6. Apartment Type (check one):
 Rent Stabilized Rent Controlled Mitchell Lama
 Public Housing Authority Project Other (Specify Type): _____
7. Number of Rooms: _____ Number of Windows: _____
8. Do you pay preferential Rent? YES NO
 If you checked YES, complete a and b.
 a. What is the monthly rent you pay? \$ _____
 b. Is the rent you pay less than the legal rent the landlord may charge? YES NO
9. Do you receive Section 8 or any other Federal Housing Subsidy? YES NO
10. Building Owner Information:
 Name: _____
OWNER'S NAME
 Address: _____
NUMBER STREET NAME
 City: _____ State: _____ Zip Code: _____ Daytime Phone Number: _____

SECTION B - APARTMENT INFORMATION - Continued

11. Managing Agent / Landlord Information:

Name: _____
MANAGING AGENT'S/LANDLORD'S NAME

Address: _____
NUMBER STREET NAME

City: _____ State: _____ Zip Code: _____ Daytime Phone Number: _____

Contact Name: _____ Email Address: _____

SECTION C - HOUSEHOLD MEMBERS AND INCOME INFORMATION

12. Other Residents in Apartment:

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

Date of Birth: _____ Social Security Number: --

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

Date of Birth: _____ Social Security Number: --

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

Date of Birth: _____ Social Security Number: --

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

14. Household Aggregate Income: \$ _____
 (see instructions on page 3)

From SCRIE Worksheet "A", Line C \$ _____ or DRIE Worksheet "B", Line D \$ _____

SECTION D - RENT HISTORY

15. Prior Rent: \$ _____ 16. Start Date: _____ / _____ / _____ 17. End Date: _____ / _____ / _____
MONTH YEAR MONTH YEAR

18. Current Rent: \$ _____ 19. Start Date: _____ / _____ / _____ 20. End Date: _____ / _____ / _____
MONTH YEAR MONTH YEAR

21. Future Rent (if known): \$ _____ 22. Start Date: _____ / _____ / _____ 23. End Date: _____ / _____ / _____
MONTH YEAR MONTH YEAR

SECTION E - CERTIFICATION/TENANT AFFIRMATION AND INCOME DISCLOSURE

Please review your application to ensure you have answered *all* questions and attached *all* required documentation. Failure to do so may delay the processing of your application.

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. 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 or DRIE. 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.

Be advised that if you claim benefits based on meeting the required income threshold, and at any point in the future a current household member whose income you did not include in your application attempts to claim rights to your apartment, you will be responsible to repay the City the full amount of any Senior Citizen or Disabled Rent Increase Exemption benefits received improperly plus any interest charges.

Signature of Tenant #1

Date

Signature of Tenant #2

Date

Signature of Preparer (If other than applicant)

Date

Would you like a copy of the Order of Approval/Determination of SCRIE/DRIE Eligibility sent to the preparer?

YES

NO

If "YES," provide the preparer's name and mailing address or contact number(s) below.

Name of Preparer: _____

Preparer's Address: _____

NUMBER

STREET NAME

BOROUGH

ZIP CODE

Telephone Number: _____ Fax Number: _____

PRIVACY ACT NOTIFICATION

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. Such numbers disclosed on any report or return 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. Such 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 gives written authorization to the Department of Finance.

The Department of Finance will mail an acknowledgement for the Senior Citizen or Disability Rent Increase Exemption Application within 30 days of receipt.



**SCRIE/
DRIE**

NYC DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

**SENIOR CITIZEN OR DISABILITY RENT INCREASE
EXEMPTION (SCRIE/DRIE) ELIGIBILITY CRITERIA
AND APPLICATION INSTRUCTIONS**

Mail to: NYC Department of Finance, SCRIE/DRIE Exemption, 19th Floor, 59 Maiden Lane, New York, New York 10038

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

GENERAL INSTRUCTIONS

The Senior Citizen Rent Increase Exemption (SCRIE) and the Disability Rent Increase Exemption (DRIE) Programs offer eligible tenants an exemption from rent increases, which can, in some cases, result in a reversion to rent paid under a previous lease or rent order. The owner of the building receives a corresponding credit against their real estate taxes from the City of New York. Applicants must meet ALL of the eligibility criteria.

SCRIE ELIGIBILITY REQUIREMENTS

To qualify for SCRIE, applicants must:

- (1) Be 62 years of age or older;
- (2) Rent an apartment that is regulated by the Division of Housing and Community Renewal (DHCR) (i.e. rent controlled or rent stabilized apartments or hotel stabilized);
- (3) Have an annual household income of \$29,000 or less;
For applications received in 2009, income eligibility is established by the applicant's income from calendar year 2008.
- (4) Pay more than one-third of the household's aggregate disposable income for rent.

DRIE ELIGIBILITY REQUIREMENTS

To qualify for DRIE, applicants must:

- (1) Rent an apartment that is (a) regulated by the Division of Housing and Community Renewal (i.e. rent-controlled or rent stabilized apartments); (b) a Mitchell Lama apartment or co-op; (c) owned by a limited dividend housing company, redevelopment company or housing development fund company incorporated under the private housing finance law; or (d) Section 213 Cooperative Housing Companies.
- (2) Be the adult head of household (18 years or age or older) named on the lease or rent order, be the tenant of record, be the spouse or registered domestic partner with a disability or either of the above. Tenants of record must have attained and exercised their legal rights of succession to the apartment when the leaseholder vacates the apartment either by moving or death.
- (3) Receive eligible state or federal disability-related financial assistance. The applicant must currently be receiving any one of the following forms of financial assistance:
 - Federal Supplementary Security Income (SSI)
 - Federal Social Security Disability Insurance (SSDI)
 - US Department of Veterans Affairs disability pension or compensation
(Must be Military service-related disability pension or compensation); or
 - Disability-related Medicaid (if the applicant has received either SSI or SSDI in the past.)
- (4) Have an annual household income of \$19,284 (single-person household) or \$27,780, (for households consisting of two or more members). For applications received in 2009, income eligibility is established by the applicant's income from calendar year 2008.
- (5) Pay more than one-third of the household's aggregate disposable income for rent.

LINE-BY-LINE INSTRUCTIONS**SECTION A - TENANT/APPLICANT INFORMATION**

Question 1-4 - Provide all requested information. **Social Security numbers are required. Your application cannot be processed without them. If there are more than two tenants, attach a rider with the required information.**

Question 1(g) - Must be completed by checking "YES" or "NO" If you checked "YES", check all boxes that apply below 1e. (SCRIE applicants are not required to answer question 1e.)

Questions 3 and 4 - Must be completed by checking "YES" or "NO".

NOTE: If you check "NO" for question 1(g) you are not eligible for DRIE.

SECTION B - RESIDENCE / APARTMENT INFORMATION

Questions 5-9 - Provide all requested information.

Question 6 - Must be completed by checking the apartment type for which you are seeking the SCRIE/DRIE benefit. If you check "Other," write the type of apartment on the line provided.

- SCRIE applicants: See Page One, General Instructions, SCRIE Eligibility Requirements, item #2 for Eligible Apartments.
- DRIE applicants: See Page One, General Instructions, DRIE Eligibility Requirements, item #1 for Eligible Apartments.

Question 8 - Must be completed by checking "YES" or "NO" to indicate whether you pay a preferential rent. Preferential rent is a lower rent than the owner/landlord is entitled to charge.

Questions 8(a) and 8(b) - Must be completed if you check "YES" to Question 8.

Question 9 - Must be completed by checking "YES" or "NO".

Questions 10 and 11 - Provide the name of the apartment building's owner or managing agent and his or her address and phone number. Contact name refers to the individual Finance should call if we have a question about your apartment.

NOTE: Tenants who live in Public Housing Authority projects, who receive Section 8 housing, who sublet a privately owned cooperative apartment, or tenants who rent in one or two family dwellings are not eligible for SCRIE/DRIE.

SECTION C - HOUSEHOLD MEMBERS AND INCOME INFORMATION

Questions 12-14 - Provide all requested information.

Include the following in your income calculation:

- Wages, tips or royalties resulting from a job or work;
- Income from a federal or state assistance program;
(for example: SSI benefits, SSDI benefits, Veterans Service-Related Disability Pension (VDP) etc.)
- Interest and dividends (whether or not subject to federal/state/local income tax)
- Alimony or child support;
- Payments for services performed in a sheltered workshop or activity center;
- Railroad retirement and unemployment benefits;
- Annuities;
- Pensions from any source;
- Workers' Compensation payments;
- Rent from Boarders;
- Unemployment insurance benefits;
- Black lung benefits;

SECTION C - QUESTION 14 - Income Information - Continued

- Prizes, awards, settlements (including court-ordered awards);
- Proceeds of life insurance policies; and
- Strike pay and other union benefits.

Do NOT Include the following in your calculation of household income:

- Income tax refunds;
- Grants, scholarships, or fellowships used for tuitions and educational expenses;
- The value of food stamps;
- Home energy assistance;
- Assistance based on need from the state or local government;
- Food or shelter based on need provided by non-profit agencies;
- Gifts or inheritances;
- Holocaust survivor benefits; and
- Money someone else paid on the household member's behalf for items other than food or shelter (for instance, if someone paid the individual's telephone bill or medical bills).

Household members with disabilities are entitled to deduct the following:

- **A2 - The Earnings Exclusion:** Deduct the first \$65 of wages per month (earned by working) for as many months as you were working last year.
- **A4 - The One-for-Two Incentive:** After deducting the first \$65 earned each month, divide the total amount of wages (earned by working) by two).
- **A5 & A6 - Blind Work Expenses (BWE) and Impairment-Related Work Expenses (IRWE):** If any household member is vision-impaired, he or she may deduct as Blind Work Expenses (BWE) any money spent on supplies or services that allowed him/her to hold a job or earn money through work. These would include a service animal (acquiring an animal, feeding and caring for the animal); special transportation to/from work; an assistant or reader, etc. Any household member who has other impairment-related expenses that allowed him/her to work may also deduct these costs as Impairment-Related Work Expenses (IRWE). IRWEs include medicine, medical supplies and devices, disposable items (e.g., band-aids and syringes); special transportation or modifications to car or van; attendant car to prepare for or at work, etc. An applicant or other household member with a disability may have both BWE's and IRWE's.
- **B9 - The Standard Exclusion:** Deduct the first \$20.00 of income per month for as many months as you received income last year.
- **C-2 - Federal/State/Local Income Tax:** Be sure to write the amounts deducted from the paycheck(s) of the household member(s) with disabilities as well as, any amounts paid when these individuals filed their federal, state, and local tax returns for the last year.
- **C-3 - Social Security Taxes:** ((FICA) deducted from the paycheck(s) of the household member(s) with disabilities.

Tips for Calculating Household Income: It is recommended that you use the **Income Worksheet** at the end of this packet to calculate the aggregate disposable income for the household which will include the wages and income of all household members who have income. **Worksheet "A" is for SCRIE applicants only. Worksheet "B" is for DRIE applicants only.**

WAGES are defined as money earned through work; INCOME includes wages and all other sources or revenue received.

For Wages: You may find it helpful to look at each person's most recent 1040 or 1040A federal tax return for these totals, if s/he filed one for the last calendar year.

Household members who do not have a disability must include all wages and income, without special deductions.

SECTION D - RENT HISTORY

Questions 15-17: Provide the rent you were paying under the lease or rent order you had before the current lease or rent order. Also provide the start and end dates of that previous lease. The end date (Question 17) is the date your previous lease expired. Include a copy of this lease/rent order with your application, along with any lease rider, if applicable.

Questions 18-20: Provide the rent you are currently paying and the start and end dates of your current lease or rent order. The end date (Question 20) is the date your current lease expires. Include a copy of this lease/rent order with your application, along with any lease rider, if applicable.

Question 21-23: Provide this information if you have received notification of a lease renewal or rent increase. If so, provide the amount of rent you will be paying after the renewal goes into effect and the start and end dates of the new lease or rent order.

If you have not received any notification of an increase or new lease, leave Questions 21-23 blank. See Table below.

NOTE: Items A-E in this table apply to DRIE applicants. Items A, B and C apply to SCRIE applicants.

If you live in a	You must submit...
A. RENT STABILIZED APARTMENT ♦ SCRIE and DRIE Applicants	<ul style="list-style-type: none"> ● Renewal leases - The prior and current one or two-year lease signed by you and your landlord ● Preferential rent rider (if applicable) ● Low Income Housing Tax Credit (LIHTC), or 80/20, or 60/40 rider (if applicable), or DHCR Rent History
B. RENT CONTROLLED APARTMENT ♦ SCRIE and DRIE Applicants	<ul style="list-style-type: none"> ● Notice of Maximum Collectible Rent (Form # RN-26) for prior year ● Notice of Maximum Collectible Rent (Form # RN-26) for current year ● Owner's report and certification of Fuel Cost Adjustment (form #R33.10) for prior and current year
C. HOTEL STABILIZED APARTMENT ♦ SCRIE and DRIE Applicants	<ul style="list-style-type: none"> ● DHCR annual apartment registration for prior and current year ● Signed rent increase letter from the Management or Owner <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ● DHCR Rent History
D. MITCHELL-LAMA, LIMITED DIVIDEND, REDEVELOPMENT ♦ DRIE Applicants ONLY	<ul style="list-style-type: none"> ● Housing Preservation & Development (HPD) or Division of Housing & Community Renewal (DHCR) Commissioner's Order ● Rent History detail for the month prior to the most recent base charge/rent increase to present ● Affidavit of Household Income for the prior year.
E. HOUSING DEVELOPMENT FUND COMPANY (HDFC) ♦ DRIE Applicants ONLY	<ul style="list-style-type: none"> ● A Notice of Rent/Carrying Charge Increase signed by the HDFC Management <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ● Signed renewal lease (if applicable).

SECTION E - CERTIFICATION

This section must be signed by the applicant/tenant # 1 and # 2 and, if applicable, anyone who assisted in the preparation of the SCRIE/DRIE application. If the applicant wants the preparer to receive a copy of his/her SCRIE/DRIE Notification from the Department of Finance, check "YES" where indicated and provide all of the preparer information requested.

SCRIE INCOME WORKSHEET "A"

Tips for Calculating Household Income: We advise you to use the Income Worksheet below to calculate the aggregate disposable income for the household which includes the wages and income of all household members who have income. **WAGES** are defined as money earned through work; Income includes wages and all other sources of revenue received.

For Wages and Allowable Deductions: You may find it helpful to look at each person’s most recent 1040 or 1040A federal tax return for these totals, if s/he filed one for the last calendar year.

A. INCOME FOR CALENDAR YEAR PRIOR TO APPLICATION:	APPLICANT	OTHER HOUSEHOLD MEMBERS		
	(i)	(ii)	(iii)	(iv)
1. Social Security Benefits..... \$				
2. SSI.....\$				
3. Pension.....\$				
4. Wages.....\$				
5. Interest.....\$				
6. Public Assistance.....\$				
7. Rent from Boarders.....\$				
8. Other.....\$				
B. ALLOWABLE DEDUCTIONS:				
1. Federal/State/Local Income Taxes.....\$				
2. Union Dues.....\$				
3. Court Orders/Support Payments...\$				
4. Social Security Taxes.....\$				
C. HOUSEHOLD AGGREGATE DISPOSABLE INCOME: Add items A1 through A8 and subtract items B1 through B4 to arrive at item C in each column. Add line C amounts in columns (i), (ii), (iii) and (iv). Enter this figure on line 14 in Section C on page 2.....\$				

DRIE INCOME WORKSHEET "B"

Items with asterisks (*), or (**) are deductions that are only available to occupants who have a disability. Non-disabled household members should not take these deductions.

** The amount to be entered on lines A2 and B9 of the Worksheet is for a calendar year, (based on 12 months of work) and ONLY should be entered if the applicant: for line A2, earned wages; and for B9, received income in the calendar year.

A. COUNTABLE WAGES:	APPLICANT	OTHER HOUSEHOLD MEMBERS		
	(i)	(ii)	(iii)	(iv)
1. Wages.....\$				
2. Earnings Exclusion** (If applicable)\$	- 780			
3. Subtotal.....\$				
4. One-for-Two Incentive* (divide line 3 by 2)\$	÷			
5. BWE Exclusion*\$	-			
6. IRWE Exclusion*\$	-			
7. Total Countable Wages (Lines 1 through 6) \$				
B. COUNTABLE INCOME:				
1. Countable Wages (line A7).... \$	+			
2. Social Security Benefits.....\$	+			
3. Interest.....\$	+			
4. Dividends.....\$	+			
5. Retirement Benefits\$	+			
6. Net Rental Income.....\$	+			
7. Other Income.....\$				
8. Subtotal: Add items 1-7 for each column.....\$				
9. Standard Exclusion** (if applicable)\$	- 240			
10. Total Countable Income (lines 1 through 9)\$				
11. Total Wages and Income (lines 7 and 10)\$				
C. ALLOWABLE DEDUCTIONS:				
1. Federal/State/Local Income Taxes*\$	-			
2. Social Security Taxes*\$	-			
3. Total Allowable Deductions (Add lines 1 and 2)\$				
4. Subtotal (Subtract line C3 from B11 in columns (i), (ii), (iii) and (iv) and enter total).....\$				
D. HOUSEHOLD AGGREGATE DISPOSABLE INCOME: Add line C4 in columns (i), (ii), (iii) and (iv). Enter this figure on line 14 in Section C on page 2\$				