

**Mail to: NYC Department of Finance, Attn: SCRIE, 59 Maiden Lane, 22nd Floor, New York, NY 10038**

**Instructions:** Use this form if you are receiving SCRIE benefits and wish to renew your eligibility for SCRIE benefits. Please forward the completed and signed application, along with a copy of your signed new lease to the address above.

**SECTION I - APPLICANT INFORMATION**

1. Name of Applicant  
 Applicant: a. \_\_\_\_\_ b. \_\_\_\_\_  
FIRST NAME LAST NAME

2. Address: \_\_\_\_\_ 3. \_\_\_\_\_ 4. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

5. Borough: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_

7. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ 8. Email Address: \_\_\_\_\_

9. SCRIE Docket Number: \_\_\_\_\_

**To renew your eligibility for SCRIE benefits you must complete this form and sign and date it. Please mail it back as quickly as possible with the following required documents:**

1. If you are a tenant in a **Rent Stabilized** apartment, please return this signed form with your new signed lease. The lease must be signed by both the tenant AND the landlord and indicate if you are renewing for 1 or 2 years.
2. If you are a tenant in a **Rent Controlled** apartment, please return this signed form with Notice of Maximum Collectible Rent (Form # RN-26) for current year and Owner's Report and Certification of Fuel Cost Adjustment (Form #R33.10) for current year.
3. If there are **NEW household members**, you must submit proof of income and allowable deductions for all new household members.

**NO OTHER DOCUMENTS ARE REQUIRED. PLEASE DO NOT SUBMIT ANY EXTRA DOCUMENTS.**

**SECTION II - RENEWAL INFORMATION**

1. **Total Household Income:** The total combined household income (after allowable deductions) cannot exceed \$29,000. This must include the income of all individuals living in your home.  
 Is your total household income \$29,000 or less? .....  YES  NO

2. Enter last year's total household income: \$ \_\_\_\_\_  
 If this amount is different from the amount reported on your last application (aside from differences from a new household member), please explain the difference:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Enter the number of persons living in your household? \_\_\_\_\_  
 Has this number changed since your last application?.....  YES  NO

If "YES", please fill out the chart on page 2 to inform us of any change in household members. If they are new, remember to submit proof of income and allowable deductions. It is required.

