



**SCRIE**

**INITIAL APPLICATION FOR SENIOR CITIZEN RENT INCREASE EXEMPTION**

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

**THIS FORM IS FOR NEW SCRIE APPLICANTS ONLY**

**NOTE: DOCUMENTATION REQUIREMENTS**

- As of November 15, 2010, **new SCRIE applicants must provide proof of age and income** (in addition to signing the application and attaching signed current and prior leases).
- See the attached instructions for more information.

**SECTION A - APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init.: \_\_\_\_\_

Address or P.O. Box: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

Have you ever applied for SCRIE before?  YES  NO

If "YES", enter the Docket Number: \_\_\_\_\_

**SECTION B - TENANT REPRESENTATIVE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**SECTION C - BUILDING OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Room #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MANAGING AGENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Room #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION D - RENTAL AND BUILDING INFORMATION**

Current Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Prior Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Rent increase is for:  1-yr renewal lease  2-yr renewal lease  Fuel  Building Improvement (MCI)  Rent Control  
 Other (explain): \_\_\_\_\_

Does rent include gas?  YES  NO Does rent include electricity?  YES  NO

My apartment has: # \_\_\_\_\_ rooms and # \_\_\_\_\_ windows.

Apartment is:  Rent Stabilized  Rent Controlled  Rooming House  Hotel  Other: \_\_\_\_\_

<b>SECTION E - HOUSEHOLD INFORMATION (List all individuals living in household)</b>				
	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.	Self			
2.				
3.				

<b>SECTION F - INCOME FOR CALENDAR YEAR PRIOR TO APPLICATION (Enter annual amounts)</b>								
	NAME	SOCIAL SECURITY INCOME	SSI	PENSION	WAGES	INTEREST & DIVIDENDS	PUBLIC ASSISTANCE	OTHER
1.	Self	\$						
2.								
3.								

<b>SECTION G - ALLOWABLE DEDUCTIONS</b>					
	NAME	FED/STATE/ LOCAL TAXES	UNION DUES	COURT ORDERS/ SUPPORT PAYMENTS	SOCIAL SECURITY TAXES
1.	Self	\$			
2.					
3.					

<b>SECTION H - CERTIFICATION</b>	
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 hereby affirm under penalties provided by law that I have examined this application and the accompanying documents, and, to the best of my knowledge and belief, the information provided herein is true, correct and complete.	
I understand and agree that if I fail to disclose all household income, including income of tenants (family or non-family), I may be held responsible to repay the City the full amount of any SCRIE benefits received improperly plus any interest charges.	
I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements or benefits.	
I authorize the Department of Finance to review my state and federal income tax returns to verify my income.	
_____ Signature of Applicant	_____ Date
_____ Signature of Preparer (If other than applicant)	_____ Date

**Did you Remember to:**

- ✓ **Sign Your Application?**
- ✓ **Attach copies of your *signed* current and prior leases or rent orders?**
- ✓ **Attach proof of date of birth?**
- ✓ **Attach income documentation?**

**For information regarding this and any other city services, call 311.**

<b>PRIVACY ACT NOTIFICATION</b>
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.



**SCRIE**  
INSTRUCTIONS

NYC DEPARTMENT OF FINANCE • PROGRAM OPERATIONS DIVISION  
**INITIAL APPLICATION FOR SENIOR CITIZEN  
RENT INCREASE EXEMPTION**

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

**SCRIE ELIGIBILITY REQUIREMENTS**

The Senior Citizen Rent Increase Exemption Program provides exemption from rent increases to New York City tenants:

- ◆ Who are 62 years of age or older
- ◆ Who live in a rent-regulated apartment or hotel
- ◆ Whose annual household income is \$29,000 or less
- ◆ Whose rent has been increased and represents more than one-third (1/3) of the total household income.

Tenants who live in private homes, Public Housing Authority Projects or receive Section 8 rental subsidies do not qualify for SCRIE benefits. Tenants who live in Mitchell Lama housing must apply for SCRIE with the NYC Department of Housing, Preservation and Development.

**APPLICATION INSTRUCTIONS**

- Section A: TENANT INFORMATION - Print all information clearly in ink.
- Section B: THIRD PARTY - Complete this section only if you wish a third party to receive copies of notices regarding the continuation of your benefits. The party you designate will be contacted if SCRIE representatives are unable to contact you.
- Section C: BUILDING OWNER/MANAGING AGENT - Provide owner/agent information requested.
- Section D: RENTAL INFORMATION - If you have:
- ◆ Renewed your rent stabilized lease, attach a copy of the current lease and a copy of the prior lease. ALL leases must be signed by the building owner and the tenant.
  - ◆ A rent controlled apartment, attach a copy of the Notice of Maximum Collectible Rent (Form No. RN-26) and the Owner's Report and Certification of Fuel Cost Adjustment (Form No. RN 33.10) for the current year.
  - ◆ Received a rent increase notice from your landlord, attach a copy of the notice and any other material received with the notice.
  - ◆ Received a building improvement (MCI) increase, attach a copy of the notice.
- NOTE: Rent increases for new appliances (stove, refrigerator, etc.) are not covered by SCRIE.*
- Section E: HOUSEHOLD INFORMATION - List all persons living in your household. If more than three persons are living in the household please attach a list of their names and the information requested in Section E, F and G, on a separate sheet.
- Section F: INCOME - List all income that you and each member of your household received for the year prior to the date of your application. A boarder's income should not be listed; however, payment received from the boarder should be counted as income. **Household income should be listed by annual amount.**
- Section G: ALLOWABLE DEDUCTIONS - List only those deductions noted on the form. These will be deducted from your income before eligibility for SCRIE is determined.

**DOCUMENTATION**

**REQUIREMENTS:** AGE - Provide a copy of one of the following items: birth certificate, US passport, driver's license, or other federal/state/local document with date of birth.

INCOME: Provide a copy of your federal income tax return for the year prior to your application, along with all W-2s (wage & tax statements) and 1099-SSAs (social security benefit statements). If a federal tax return was not filed, attach proof of each income item in Section F. Appropriate proof of income includes W-2s, 1099-SSAs, 1099-Rs (pension & annuity retirement income), SSI letters, bank & brokerage account end of year statements and public assistance benefit letters.

RENT: See Section D instructions.

**SIGNATURE:** Please sign and date the application. Without your signature, the application cannot be processed and will be returned to you.