

CONSTITUENT SERVICES GUIDE

SENIORS



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Manhattan Borough President
Scott M. Stringer

December 2009

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I. Benefits for Seniors Living in New York City

A. Social Security (Old Age and Survivors Insurance)

SS provides monthly payments to insured workers and their dependents and survivors.

Retirement Benefits

- Full at age 65, reduced at age 62.
- Other family members of retiree may be eligible: spouse if age 62 or older, spouse at any age if caring for a child under 16, unmarried children under 18, divorced spouses qualify if married at least 10 years and are 62 or older
- Survivor Beneficiaries: widowed spouse 60 or older, widowed spouse 50 or older and disabled, widowed at any age if caring for a child under 16 or disabled, unmarried children under 18, dependent parents

Assets and Income

There is no limit on assets or unearned income. However, those under age 65 will have \$1 deducted from Social Security payments for every \$2 earned over \$13,560. No earnings limit for those age 65 and above.

Apply to: Social Security Administration toll-free (800) 772-1213 or for TTY (800) 325-0778 weekdays from 7:00 am to 7:00 pm

B. Supplemental Security Income (SSI)

SSI provides monthly supplemental payments for low-income, aged, blind, disabled, in addition to Social Security and/or other income. With some exceptions, citizenship is required.

Income

The more income you have, the lower your SSI benefits will be. Payments not counted as income by SSI include the first \$20 of unearned income received in a month; the first \$65 of earned income, and half the amount over \$65.

Allowable Assets

\$2,000 (one person), \$3,000 (couple) plus burial fund, \$1,500 per person

Maximum Monthly Benefits

Single individual: \$724, or potentially \$660 if living with others.

For a couple: \$1,060, or potentially \$1,002 if living with others.

Inquire about benefit levels for family care and residential care.

Apply to: Social Security Administration toll-free (800) 772-1213 or TTY (800) 325-0788 weekdays from 7:00 am to 7:00 pm

C. Veterans Benefits

Veterans' benefits include pensions for low-income and disabled veterans, health care, vocational training, rehabilitation, education, home loans, disability compensation, life insurance, burial and other benefits. Medical benefits include care in VA hospitals, nursing homes and outpatient services. Dependents and survivors may also be eligible for certain benefits. Veterans of any age are eligible, assets are subject to review, and income limits vary with benefits

Apply to:
U.S. Department of Veterans Affairs
NY Regional Office
(800) 827-1000 or (212) 807-7229

D. Public Assistance

Public assistance provides cash benefits for low-income persons to provide essential food, clothing and shelter. Benefits vary depending on specific situations and may include income assistance, rent, housing assistance, and work-related expenses and/or special needs.

Assets – single individuals and childless couples are limited to \$2,000 cash assets; \$3,000 if age 60 or older. Ask about life insurance and burial plans.

Income – eligibility is calculated individually, depending on family size, income and expenses.

Maximum Monthly Benefits – one person \$352.10, couples \$468.50, which includes rent.

One-Time Per Year Emergency Cash Grants: Heat/utility repairs and Medicaid are available to persons who meet above requirements but choose not to receive Public Assistance. Public Assistance recipients may also qualify for Medicaid and Food Stamps.

E. Medicare

A health insurance program that helps pay for certain hospital costs and medical care after deductibles, co-insurance and/or premiums.

Age: 65 or older and eligible to receive Social Security or railroad retirement benefits. Application must be made three months before 65th birthday to avoid penalty. Certain disabled people under 65 may be eligible after receiving Social Security Disability for two years.

Assets and Income: no limits

Medicare Part A: covers inpatient hospital care, inpatient skilled nursing facility, home health care and hospice care

Medicare Part B: covers doctor services, outpatient hospital services, durable medical equipment, and other medical services and supplies. Part B pays 80% of Medicare-accepted charges for covered services after annual deductible of \$135 has been met. Part B is available to persons eligible for Part A at a monthly premium of \$96.40.

Apply to: Social Security Administration (800) 772-1213

F. Medicare Savings Program

Three programs assist low-income elderly with medical costs.

1. Qualified Medicare Beneficiaries (QMB)

Those covered by Part A and Part B may be able to have Medicaid cover the monthly premium (\$96.40) in addition to deductibles and co-insurance. To be eligible you must be 65 and older or disabled receiving Medicare after being on Social Security Disability for two years. There are no asset limits. Income limits are \$867 for one person and \$1,167 for a couple.

2. Specified Low-Income Medicare Beneficiaries (SLIMB)

Those covered by Part A and Part B may be able to have Medicaid pay the Medicare Part B medical premium (\$96.40). To be eligible you must be 65 and older or disabled receiving Medicare after being on Social Security Disability for two years. There are no asset limits. Income limits are \$1,040 for one person and \$1,400 for a couple. Monthly income limit includes Social Security, private pensions, interest, dividends and cash assistance from family members.

3. Qualified Individual 1 (QI-1)

Those covered by Part A and Part B may be able to have Medicaid pay the Medicare Part B medical premium (\$96.40). To be eligible you must be 65 and older or disabled receiving Medicare after being on Social Security Disability for two years. There is no asset limit. Income limits are \$1,170 for one person and \$1,575 for a couple.

To apply contact:

Medicare Savings Program Applications
PO BOX 3011
Jamaica, NY 11431

G. Medicaid

Medicaid pays medical bills for low-income persons including services not covered by Medicare (dental care, home care, institutional care, prescription drugs, eye glasses, and hearing aids).

Eligibility

- There are no age restrictions on Medicaid.
- Persons receiving SSI or Public Assistance are automatically eligible.
- Persons under 65 must meet the Public Assistance standard of need.
- Persons 65 and older, disabled or blind are eligible as follows: asset limit of \$13,050 (one person), \$19,200 (couple) plus \$1,500.00 burial fund per person. Income limit of \$725 net monthly for one person and \$1,067 for a couple.

Surplus Income Program

If income is more than the limits above, but medical bills (paid or unpaid) equal the difference, apply to the Medicaid Surplus Income program.

Nursing Home Transfer of Income and Assets

If one spouse is institutionalized, the community-based spouse may keep \$2,610 monthly (after health insurance premiums) of couple's combined income; and may keep resources of \$104,400.

H. Food Stamps

Food stamps are allowances issued on a monthly basis that are used in place of cash to purchase food items at participating stores and supermarkets. Citizenship is required in most cases.

Eligibility

You may qualify if you: work for low wages, work part-time, are unemployed, receive Public Assistance, SSI or other assistance payments, are elderly or disabled and live on low income.

Asset limit: \$2,000 for most household, \$3,000 for household if one member is 60 years or over.

Income limit: if a household member is 60 or older or disabled, net income must be 100% of current poverty level. Seniors are encouraged to apply because allowable income is calculated individually based on living arrangements and out of pocket, medically related expenses.

Note: Eligibility is determined only after completing a full Food Stamp budget form, using all applicable income deductions. Different income deductions apply in specific situations such as having no cooking facility, living in a shelter, or only one spouse applying.

I. Reduced Fare

Subsidizes public transportation fares are available for seniors.

Eligibility

One must be 65 or older, or any age if disabled.

For Subways: purchase reduced fare metro card and show either Medicare card or DFTA reduced fare card.

For Buses: pay the reduced fare and show either the Medicare card or DFTA reduced fare card.

Note: Photo-identification metro cards can be used as an identification card. When the metro card is used to gain access to the subway or a bus, the correct reduced fare will be deducted automatically.

Documentation is needed when applying for Reduced Fare metro card or Photo Identification metro card. Proof of Age can be provided from either of the following: birth certificate, Medicare card, Social Security award letter, driver's license or NYS non-driver's ID.

Apply for a Reduced Fare card at:

MTA Customer Service Center
3 Stone Street
New York, NY 10004
Or call 212-METROCARD

J. Senior Citizen Rent Increase Exemption (SCRIE)

SCRIE exempts rent-controlled/stabilized, Mitchell-Lama and hotel tenants from certain rent increases; and covers increases for renewal leases, Maximum Base Rent increases, fuel, landlord hardship, and major capital improvements. SCRIE does not cover increases for direct services or new equipment.

Eligibility

- Rent must be at least 1/3 of net monthly income
- Rent-stabilized tenants must have a valid one or two-year lease
- The head of the household must be 62 or older
- No asset limit
- Yearly Income limit - \$28,000 household total (deduct income taxes, payroll taxes, and court order support payment to estimate eligibility).

How to Apply

Request an application in writing from:

NYC Department for the Aging
SCRIE
2 Lafayette Street, 6th Floor
New York, NY 10007

Print the application at: <http://nyc.gov/html/dfta/downloads/pdf/scrie.pdf>

K. Senior Citizen Homeowners Exemption (SCHE)

SCHE provides savings of up to 50% to qualified property owners of 1 – 3 unit dwellings, condominiums or cooperative apartments.

Eligibility

- Applicants must have held title to the property for at least 12 consecutive months
- The property must be applicant's legal residence
- The property must be used exclusively for residential purposes
- Applicant must be age 65 or older. If spouses are co-owners, one of them must be 65 or older. If other persons are co-owners, all must be 65 and older.
- No asset limits
- Income limit of \$35,400 for the last calendar year

To apply:

New York City Dept of Finance
Senior Citizens Homeowners Exemption Unit
P.O. Box 3120
Church Street Station
New York, NY 10008-3120

L. Real Property Tax Credit (IT-214)

IT-214 provides tax credit or cash payment of up to \$375 to homeowners or renters for part of previous year's rent or real property taxes.

Eligibility

- To qualify, current market value (home, garage, land, etc.) must be \$85,000 or less; or average monthly rent must be \$450 or less, not including heat, gas or electricity.
- No age limit; no asset limit
- Income limit of \$18,000

To apply

Complete application form at: http://nyc.gov/html/dfta/downloads/pdf/it214_05.pdf

Or write to:

Taxpayers Assistance Bureau
New York State Department for Taxation and Finance
(800) 225-5829

M. Home Energy Assistance Program (HEAP)

A one-time grant per year to help low-income homeowners and renters pay fuel and utility cost. No age or asset limits; monthly income limit of \$1,876 (one person) and \$2,454 (couple).

Only HEAP-eligible households paying directly for heat may apply for help with fuel, repair or heat-related equipment or temporary relocation.

Benefit Amounts

\$40 – \$540

Note: Funds are limited, apply early.

Application form is at: http://nyc.gov/html/dfta/downloads/pdf/heap_application_08.pdf

N. Weatherization Referral and Packaging Program (WRAP)

Federally funded service administered by DFTA to provide low-income elderly with free home energy services designed to lower their energy bills and increase the comfort of their homes. Income limit: \$1,876 (one person) and \$2,454 (couple). Must reside in 1 – 4 unit dwellings

O. Elderly Pharmaceutical Insurance Coverage (EPIC)

EPIC is a NYS program that helps seniors pay for their prescription drugs. Most enrollees have Medicare Part D or other drug coverage and use EPIC to lower their drug costs even more by helping them pay the deductibles and co-payments required by their other drug plan.

Eligibility

- Must be a New York State resident
- Must be 65 or older
- Annual income must be under \$35,000 (single) or under \$50,000 (married)
- Must also join a Medicare Part D plan (with limited exceptions).
- Seniors with a Medicaid spend-down are eligible; those with full Medicaid benefits are not.

For information: call EPIC at (800) 332-3742

Application forms are available at: <http://nyc.gov/html/dfta/downloads/pdf/epic.pdf>

P. New York State School Tax Relief Program (STAR)

STAR provides an exemption from the school portion of property taxes for owner-occupied primary residences. There are no age, asset or income limits on eligibility.

Basic Star Exemption: All New Yorkers who own their own one, two, three-family home, condominiums or co-operative apartments will be eligible for the STAR tax reduction.

Enhanced STAR Exemption: Seniors (age 65 and older) with yearly incomes of \$70,650 or less will be the first to benefit from the Enhanced Star exemption. For qualifying senior citizens, the Enhanced STAR helps seniors save about \$350 on property taxes.

Low-income homeowners who already receive SCHE automatically qualify for the STAR exemption, and do not have to file a separate application.

For more information

Call: (888)-NYSTAR5 (888-697-8275)

Or write to:

STAR Program
NYC Department of Finance
STAR Exemptions
P.O. Box 3120
Church Street Station
New York, NY 10008-3120

Q. Benefit QuickCheck

Benefit *QuickCheck* is a free service that identifies Federal, State and City benefit programs that you may be eligible for, provides applications you can print, and information on how to apply for the benefit. Visit: https://a069-webapps12.nyc.gov/dftaqcf/Benefits_Check.cfm?slang=1033

R. Resource and Service Providers

Grand Street Settlement

Senior Program
80 Pitt Street
New York, NY 10002
(212) 674-1740

One Stop Senior Services

747 Amsterdam Ave, 3rd Floor
New York, NY 10025
(212) 864-7900

<http://www.onestopseniorservices.org>

Senior Housing

- A. Adults Homes
- B. Market Rate Housing with Services
- C. Mitchell-Llama Housing
- D. Public Housing
- E. Section 202 Housing
- F. Single Room Occupancy (SRO)
- G. Resource and Service Providers

II. Senior Housing

A. Adult Housing

- Adult Homes provide long-term residential care, room and board, housekeeping, personal care (which includes assistance with bathing and dressing), and supervision to a minimum of five dependent adults.
- Congregate meals are provided three times daily, and a full range of planned activities and outings are usually offered.
- Adult homes do not provide nursing and medical care, but a number of these facilities contract with physicians who visit residents when necessary.
- Many adult homes also provide services to younger, mentally ill or disabled adults.
- Rooms may be private or shared, and homes in NYC range in size from 30 to 400 beds.

Eligibility

Individual must be either ambulatory or able to transfer from a bed to a chair, alert, and continent.

Cost: Private facilities often charge between \$1,200 and \$3,000 a month, and may not be a viable option for seniors with limited incomes. Some residences that offer luxury hospitality services may have monthly charges significantly higher. Approximately one-third of the adult homes in NYC accept Social Security (SSA), Supplemental Security Income (SSI), or Social Security Disability (SSD) as full payment.

Adult Homes are licensed by the NYS Department of Health and regulated by the NYS Department of Social Services. Operators may be proprietary, public or not for profit agencies.

B. Market Rate Housing with Services

Usually consist of studio or one bedroom apartments which come with a basic package of housekeeping and personal services.

Services usually included: light housekeeping, linen service, social programs, and two or three meals daily served in a congregate dining room. Additional personal and home health services are available on an ala carte basis, including services for individuals with dementia in some residences. This type of accommodation with the basic service package generally costs between \$4,000 and \$6,000 per month.

At present, many of these facilities are not licensed and have no governmental oversight. Some are certified by New York State as an Enriched Housing Program, and a few are certified Adult Homes; both monitored by the state.

C. Mitchell-Lama Housing

The Mitchell-Lama program provides subsidized rental and cooperative apartments for middle income New Yorkers. A small portion of this housing stock was developed for and is occupied exclusively by the elderly, but there are no age limitations on applying to any Mitchell-Lama development.

Services: This type of housing does not generally provide supportive services, but limited services such as transportation, social services, and leisure activities are available in some developments.

Cost: Rents and carrying charges vary throughout the Mitchell-Lama developments, as do income requirements. Generally, for a household of three persons or less, annual income may not exceed seven times the annual rent.

The Mitchell-Lama housing program is overseen by either the New York State Division of Housing and Community Renewal or the New York City Department of Housing Preservation and Development.

D. Public Housing

NYCHA provides independent, rent subsidized apartment living with the availability of some social services as needed.

NYCHA maintains over 300 housing developments throughout the five boroughs. Most of these developments are "family type" i.e. not specifically reserved for the elderly; however, 42 of these developments have been built for and are occupied almost exclusively by the elderly.

Eligibility

Maximum gross annual income limits for NYCHA public housing as of 2004 are \$35,150 for a one-person household and \$40,200 for a two-person household. These limits are subject to change on a yearly basis.

E. Section 202 Housing

Section 202 Housing is the main source of subsidized, low-income housing for seniors in New York City with over 170 projects located throughout the five boroughs. Accommodations consist of studio and one bedroom apartments which are made available to seniors aged 62 and over.

Costs: Residents pay 30% of their income for rent, with federal subsidies covering the balance of the unit's fair market price.

Services: Projects vary in the services that are provided, ranging from none to a full complement of support services. Services may include a daily congregate meal, housekeeping, transportation, and social services. Most buildings have 5-10% of their apartments accessible to and set aside for the disabled.

Eligibility

- A household must have at least one member 62 years of age or older.
- Must have a gross annual income of no more than \$22,000 for a one-person household
- No more than \$25,100 for a two-person household.

The program is federally funded by the US Department of Housing and Urban Development (HUD) which provides grants to not-for-profit religious and civic groups, each of which constructs their own building.

F. Single Room Occupancy

Offers single adults permanent housing consisting of a one-room unit, often with a shared bathroom and/or kitchen.

Eligibility: most SROs accept any age group, and some accept the elderly as the primary population.

Services: some SROs offer supportive services for residents with special needs, including the mentally ill, homeless or people with AIDS-related illnesses.

Generally, tenants are referred to an SRO through the City's shelter system or community-based agencies (see the Emergency Housing section), but up to 20% of the units may be rented to very low income adults from the community in need of housing.

G. Resource and Service Providers

New York Foundation for Senior Citizens
11 Park Place, 14th Floor
New York, NY 10007
(212) 962-7559
www.nyfsc.org

West Side Federation for Senior and Supportive Housing
2345 Broadway
New York, NY 10024
(212) 721-6032
(212) 721-6043 – fax
www.wsfssh.org

Project Find
160 West 71st Street, Ste. 2F
New York, NY 10023
(212) 874-0300
(212) 724-4261 – fax
www.projectfind.org

*Also: See Resource and Service Providers in Housing section.

Elder Abuse



- A. Elder Abuse Facts
- B. Elder Abuse Laws
- C. Resources and Service Providers

III. Elder Abuse

A. Elder Abuse Facts

Statistics

Estimates on the prevalence of elder abuse vary.

- A recent study sponsored by the National Center on Elder Abuse, found a nationwide elder abuse incidence rate of 1.9 percent
- These rates are generally regarded as an underestimate of the scope of this problem
- Other gerontological studies range from 3-120 incidents per one thousand, or .3-12% of the elderly population as victims of elder abuse.
- Using this estimate, NYC's prevalence of elder abuse could range from 3,900-153,000 instances.

Mistreatment of the elderly is a growing problem affecting all segments of society regardless of:

- Socioeconomic status
- Living environment
- Race and ethnicity
- Physical or cognitive status

Definitions

Physical: the infliction of physical pain, injury, physical coercion or confinement against someone's will. Examples: Slapping, sexually molesting, cutting, physically restraining.

Psychological: the infliction of mental anguish. Examples: Demeaning, name calling, insulting, ignoring, threatening, isolating.

Financial: the illegal or unethical exploitation and/or use of funds/other assets of an elderly person.

Neglect: The refusal or failure to fulfill a caretaking obligation. Examples: abandonment, non-provision of food or health-related services.

B. Elder Abuse Laws

All 50 states and the District of Columbia have enacted legislation addressing domestic or institutional abuse of the elderly. There is no law in New York that mandates the reporting of elder abuse.

C. Resource and Service Providers

City

Adult Protection Services (APS)

Services: A state-mandated case management program that arranges for services and support for physically and/or mentally impaired adults who are at risk of harm.

Eligibility: APS is available to persons 18 years of age and older without regard to income, who:

- Are mentally and/or physically impaired; and
- Due to these impairments, are unable to manage their own resources, carry out the activities of daily living, or protect themselves from abuse, neglect, exploitation or other hazardous situations without assistance from others; and
- Have no one available who is willing and able to assist them responsibly.

Contact Information

Manhattan North Borough Office: 212-971-2727

Manhattan South Borough Office: 212-279-5794

Jewish Association for Services for the Aged (JASA)

Services: Provides individual and family counseling, entitlements and benefits advice, orders of protection, legal and medical services, home safety items, support groups, emergency shelters, safety plans

Contact Information

132 West 31st Street

New York, NY 10001

Pearce Help Center

(212) 273-JASA (5272)

help@jasa.org

State**New York State Crime Victims Board**

Services: Provides reimbursement for crime-related expenses to crime victims, administers the federal Victims of Crime Act (VOCA) across the state, advocates for victim's rights legislation and provides training for professionals.

Contact Information

Toll Free Number: 1-800-247-8035

TTY: 1-888-289-9747

Sorenson Videophone: 518-457-8727

Available Monday-Friday 9am-5pm

Brooklyn Office:

55 Hanson Place, 10th Floor

Brooklyn, NY 11217

(718) 923-4325

(718) 923-4347 (fax)

Hours: Monday-Friday 9am-5pm

National**National Committee for the Prevention of Elder Abuse (NCPEA)**

Services: Conducts research, provides training and resources for professionals, raises community awareness and advocates for needed services and policies.

Contact Information

National Committee for the Prevention of Elder Abuse

1612 K Street, NW

Washington, DC, 20006

(202) 682-4140

(202)223-2099 (fax)

www.preventelderabuse.org

Miscellaneous Resources and Services

- A. Caregivers
- B. Advocacy
- C. Volunteering and Employment
- D. Home and Day Care Services
- E. Vision and Hearing Impairments
- F. Senior Center Resources
- G. Government Agencies

IV. Additional Resources and Service Providers

A. Caregivers

Alzheimer's and Caregiving Resource Center

Services: Provides assessment of needs, individual and family counseling, referral to community services, education and training, entitlements information, assistance with the nursing home placement process and information on housing alternatives.

NYC Caregivers
2 Lafayette Street
New York, NY 10007
caregivers@aging.nyc.gov
Available Monday-Friday 9am-5pm

Brooklyn Parkinson Group

Services: Supports persons with Parkinson's disease and their families through social interaction, physical activity, community, and arts based activities.

P.O. Box 24583
Brooklyn, NY 11202-4583
(718) 522-0553 • (718) 522-4922 (fax)
info@brooklynparkinsongroup.com

FRIA

Services: Empowers, assists, advocates and intervenes with facilities and government on caregivers' behalf; supports family organizations at nursing homes; provides educational materials, trainings, and presentations; connects nursing home residents and relatives with government agencies.

18 John Street Suite 905
New York, NY 10038
(212) 732-5667 • (212) 732-6945 (fax)
(212)732-4455 free telephone helpline
(212) 732-5506 (Family Council Program)
www.fria.org

Alzheimer's Association – NYC Chapter

Services: 24-hour helpline, caregiver support groups, care consultation services, legislative advocacy, trainings for professionals, in-home hospice program, autopsy donation information.

360 Lexington Avenue, 4th Floor
New York, NY 10017
(212) 490-2900 • (212) 490-6037 (fax)
1-800-272-3800 (helpline)
www.alznyc.org

JASA's CARE Program Manhattan

Services: Caregiver respite serving the areas of Manhattan CD's 1-6 and 8

132 West 31st Street
New York, NY 10001
(212) 273-5349

Mount Sinai Medical Center Caregivers and Professionals Partnership (CAPP)

Services: Serving areas of Manhattan CD's 7 and 9-12

Caregiver Resource Center
19 East 98th Street, Suite 9E
New York, NY 10029
(212) 241-2277

HMH Caregiver Services Manhattan

Services: Provides individual assessment, information and referral, benefit and entitlement assistance, caregiver training, support groups, counseling, respite care, supplemental services, shopping assistance, home visits. Serving city-wide. Serving Chinese and Korean communities.

HMH Caregiver Services Manhattan
100 Gold Street, 4th Floor
New York, NY 10038
(212) 788-5580
Available 9am-5pm

JASA Citywide Immigrant CARE Program

Services: Provides respite services, individual assessment, information and referral, benefit and entitlement assistance, caregiver training, support groups, counseling, supplemental services and home visits. Serves caregivers of Chinese, Spanish and Russian immigrants.

JASA Immigrant Care Program
132 West 31st Street
New York, NY 10001
(212) 273-5208
Available 9am-5pm Monday-Friday

SAGE - Partners in Caring

Services: Serving caregivers of the older lesbian, gay, bisexual and transgender community. Provides individual assessment, information and referral, benefit and entitlement assistance, case assistance, caregiver training, support groups, counseling, respite care referrals and reimbursement, shopping assistance, telephone reassurance, friendly visitors.

305 Seventh Avenue
New York, NY 10001
(212) 741-2247
www.sageusa.org
Available 9am-5pm Monday-Friday

The Family Center Caregiver Services

Services: Individual assessment, information and referral, benefit and entitlement assistance, caregiver training, group programs for families and children, support counseling for individuals and families, telephone reassurance, home visits, respite, child custody legal services and family mediation. Serves grandparents and other relatives over 60 raising grandchildren 18 and under.

66 Reade Street
New York, NY 10038
(212) 766-4522 x144
Available 9am-5pm Monday-Friday

The Grandparents Resource Center

Services: Provides a number of support services that include information and referral, recreational activities, educational workshops, advocacy and case assistance to people who are raising grandchildren and other young relatives. Phone: (212) 442-1094

Visiting Nurse Services of New York

Services: Post-hospital care, rehabilitation therapies, long term home health care, AIDS programs, hospice care.

(212) 609-6100

1-800-675-0391 (general questions)

www.vnsny.org

B. Advocacy

JPAC

Services: Educates older adults about senior programs, pending legislation and social action

132 West 31st Street, 10th Floor

New York, NY 10001

(212) 273-5262 • (212) 695-9070 (fax)

www.jasa.org/services/advocacy

New York State Coalition for the Aging (NYSCA)

Services: Provides advocacy, professional development, leadership skills and education for individuals and organizations serving older adults.

50 Colvin Avenue, Suite 203

Albany, NY 12206

(518) 465-0641

(518) 465-0405 (fax)

www.coalitionforaging.org

New York State Alliance for Retired Americans (NYSARA)

Services: Mobilizes retired union members and community activists to advocate for a progressive political and social agenda.

800 Troy Schenectady Rd

Latham NY 12110

(518) 783-6231

(518) 213-6414 (fax)

www.nysara.org

AARP

Nonprofit, nonpartisan membership organization that helps people 50 years of age and over improve the quality of their lives through information, advocacy and service.

780 Third Avenue, 33rd Floor

New York, NY 10017

Phone: (866) 227-7442

Fax: (212) 644-6390

www.aarp.org/states/ny/

C. Volunteering and Employment

New York City's Department for the Aging

Senior Employment Services (SES)

Services: Provides trainings and workshops focusing on job search techniques, computer training, job preparation, and job placement assistance for NYC residents 55 years and over.

NYC Department for the Aging
Senior Employment Services
220 Church Street, Room 132
New York, New York 10007
(212) 442-1353 or (212) 442-1355

Foster Grandparent Program

Services: A paid non-taxable stipend to serve as volunteer mentors, tutors and caregivers for children and youth with special needs serving NYC residents age 60 and older.

(212) 442-3117

Intergenerational Work Study Program (IWSP)

Services: Supervised students deliver needed services to elders in senior centers, nursing homes and in-home settings while the seniors whom they encounter - both frail and well elderly - serve as mentors and counselors to them.

(212) 442-3114

D. Home and Day Care Services

Jewish Home Life Care

Services: long term care, adult day care, home health care, health services, and social and community services throughout the New York area

120 West 106th Street
New York, New York 10025
(212) 870-4715
www.jewishhomelifecare.org

Self Help

Services: Home care, home health aides, senior housing, legal resources, Alzheimer's resource program, senior activity centers, community guardians and Nazi victim services.

520 Eighth Avenue
New York, NY 10018
(212) 971-7600
www.selfhelp.net

Isabella

Services: Nursing home, rehabilitation, senior housing, adult day care, health care, child care, respite care, senior resource center, home health care, and meals on wheels.

515 Audubon Avenue
New York, NY 10040
(212) 342-9200
www.isabella.org

New York Foundation for Senior Citizens

Services: Home Attendant program, case management program, community guardian program, respite care program, home sharing program, 24 hour emergency and crisis intervention service. Also offers housing alternatives, intergenerational activities, senior centers, repair and safety services, senior theatre enrichment program, and free transportation.

11 Park Place, 14th Floor
New York, NY 10007
(212) 962-7559
www.nyfsc.org

E. Vision and Hearing Impairments

Lighthouse International

Services: Low vision center, mental health and social services, career services, orientation and mobility training, assistive technology training, rehabilitation services, occupational therapy, diabetes centers and geriatric center.

The Sol and Lillian Goldman Building
111 East 59th Street
New York, NY 10022
(212) 821-9200 • (800) 829-0500

VISIONS Services

Services: Intergenerational volunteer program, temporary overnight rehabilitation facility, rehabilitation day program, community outreach and training, and helpline service.

500 Greenwich Street, 3rd Floor
New York, NY 10013
(888) 245-8333 x144
<http://visionsvc.org>

F. Senior Centers

National Council of Jewish Women

820 Second Avenue
New York, NY 10017-4504
(212) 687-5030
www.ncjwny.org

A Philip Randolph Senior Center

108 West 146th Street
New York, NY 10039
(212) 283-7904

Abyssinnian Center

50 West 131st Street
New York, NY 10037
(212) 862-9305

Agudath Moriah Senior Center (Kosher)

90 Bennett Avenue
New York, NY 10033
(212) 923-5715

ARC Fort Washington Senior Center

4111 Broadway
New York, NY 10033
(212) 781-5700

Association of Black Social Workers Senior Center

221 West 107th Street
New York, NY 10025
(212) 749-8400

Benjamin Flores Senior Center

2383 2nd Avenue
New York, NY 10035
(212) 289-4699

BRC Senior Nutrition Program

30 Delancey Street
New York, NY 10002
(212) 533-2020

Canaan Senior Service Center

10 Lenox Avenue
New York, NY 10026
(212) 876-2638

Cater Burden Luncheon Club

351 74th Street
New York, NY 10021
(212) 535-5235

Carver Senior Center

55 East 102nd Street
New York, NY 10029
(212) 289-2708

Cathedral Towers

125 West 109th Street
New York, NY 10025
(212) 749-1100

First Presbyterian Senior Center

12 West 12th Street
New York, NY 10011
(212) 924-2810

Independence Plaza

310 Greenwich Street
New York, NY 10014
(212) 267-0499

Center on the Square Senior Center

20 Washington Square
New York, NY 10011
(212) 777-3555

Central Harlem Senior Center

120 West 140th Street
New York, NY 10030
(212) 926-4465

Citizens Care Senior Center

1428 5th Avenue
New York, NY 10035
(212) 410-0333

City Hall Senior Center

100 Gold Street, LL
New York, NY 10038
(212) 788-5580

Community Lounge Senior Center

155 East 22nd Street
New York, NY 10010
(212) 777-8333

Corsi House Senior Center

307 East 116th Street
New York, NY 10029
(212) 828-6756

Cothoa Luncheon Club Senior Center

2005 Amsterdam Avenue
New York, NY 10032
(212) 781-6580

CPC Project Open Door

168 Grand Street
New York, NY 10013
(212) 431-9026

Drew Hamilton Senior Center

220 West 143rd Street
New York, NY 10030
(212) 234-4724

Dyckman Senior Center

3754 10th Avenue
New York, NY 10034
(212) 569-7790

East Harlem Council Nutrition Program

150 East 121st Street
New York, NY 10035
(212) 722-2205

East Harlem Coalition Senior Center

2205 First Avenue
New York, NY 10029
(212) 828-6096

East River Senior Center

402 East 105th Street
New York, NY 10029
(212) 828-6107

Educational Alliance (Kosher)

197 East Broadway
New York, NY 10002
(212) 780-2300

Encore Luncheon Club

239 West 49th Street
New York, NY 10019
(212) 581-2910

Ennis Francis Senior Center

2070 Adam Clayton Powell Boulevard
New York, NY 10027
(212) 222-3381

Fort Washington Houses Senior Center

99 For Washington Avenue
New York, NY 10032
(212) 927-5600

Gaylord White Senior Center

2029 Second Avenue
New York, NY 10029
(212) 828-6055

Goddard Riverside Senior Center

593 Columbus Avenue
New York, NY 10024
(212) 873-6600

Good Companions Nutrition

334 Madison Street
New York, NY 10002
(212) 349-2770

Grand Coalition of Seniors Senior Center

80 Pitt Street
New York, NY 10002
(212) 674-1740

Hamilton Grange Senior Center

420 West 145th Street
New York, NY 10031
(212) 862-4181

Hargrave Senior Center

111 West 71st Street
New York, NY 10023
(212) 580-0888

Harlem Teams Senior Center

175 West 137th Street
New York, NY 10030
(212) 926-1100

Harriet Tubman Senior Program

250 West 127th Street
New York, NY 10027
(212) 894-8094

Homeless Prevention Program

316 West 95th Street
New York, NY 10025
(212) 666-2000

Hudson Guild Senior Services

119 Ninth Avenue
New York, NY 10011
(212) 924-6710

IMPAC Senior Center

146 St. Nicholas Avenue
New York, NY 10026
(212) 666-9220

Jackie Robinson Center

1301 Amsterdam Avenue
New York, NY 10027
(212) 666-4910

Jacob Riis Senior Center

152 Avenue D
New York, NY 10009
(212) 260-8669

JASA West Side Senior Center (Kosher)

120 West 76th Street
New York, NY 10023
(212) 712-0170

John Paul II Friendship Center

103 East 7th Street
New York, NY 10009
(212) 673-7704

Judith C White Senior Center

27 Barrow Street
New York, NY 10014
(212) 242-4140

Kennedy Senior Center

34 West 134th Street
New York, NY 10037
(212) 926-4871

LaGuardia Senior Center

280 Cherry Street
New York, NY 10002
(212) 962-7653

Lenox Hill Senior Center

343 East 70th Street
New York, NY 10021
(212) 744-5905

Lenox Hill Senior Center II

619 Lexington Avenue
New York, NY 10022
(212) 935-2200

Leonard Covello Senior Center

312 East 109th Street
New York, NY 10029
(212) 423-9665

Lillian Wald Houses (Kosher)

12 Avenue D
New York, NY 10009
(212) 260-2731

Lincoln Senior Center

60 East 135th Street
New York, NY 10037
(212) 234-0005

M Mcleod Bethune Senior Center

1970 Amsterdam Avenue
New York, NY 10032
(212) 928-6086

Manhattan Valley Senior Center

135 West 106th Street
New York, NY 10025
(212) 749-7015

Manhattanville -Riverside Senior Center

3333 Broadway, Tower E, Basement
New York, NY 10031
(212) 862-5562

Mott Street Senior Center

180 Mott Street
New York, NY 10012
(212) 966-5460

NY Chinatown Senior Center

70 Mulberry Street
New York, NY 10013
(212) 233-8930

Our Lady of Pompeii Senior Center

25 Carmine Street
New York, NY 10014
(212) 777-3555

Pelham Fitz Senior Center

18 Mt. Morris Park West
New York, NY 10027
(212) 860-1380

Presbyterian Senior Project

151 West 128th Street
New York, NY 10027
(212) 222-3132

Project Find Clinton Senior Center

530 West 55th Street
New York, NY 10019
(212) 757-2026

Project Find Coffee House Senior Center

551 Ninth Avenue
New York, NY 10018
(212) 947-5466

Project Find Hamilton House

141 West 73rd Street
New York, NY 10023
(212) 787-7710

Project Find Woodstock

127 West 43rd Street
New York, NY 10036
(212) 575-0693

Rain Inwood Senior Center

84 Vermilyea Avenue
New York, NY 10034
(212) 567-3200

Roosevelt Island Senior Center

546 Main Street
New York, NY 10044
(212) 980-1888

Saint Nicholas Senior Center

146 Saint Nicholas Avenue
New York, NY 10026
(212) 666-9220

Schomburg Senior Center

1309 Fifth Avenue
New York, NY 10029
(212) 369-9390

Sirovich Senior Center

331 East 12th Street
New York, NY 10003
(212) 228-7836

Smith Houses Senior Center

50 Madison Street
New York, NY 10002
(212) 349-3724

Stanley Isaacs Senior Center

415 East 93rd Street
New York, NY 10128
(212) 360-7620

Stein Senior Center

340 East 24th Street, 2nd Floor
New York, NY 10010
(212) 585-6051

Teams Weekend SRO Nutrition

175 West 137th Street
New York, NY 10030
(212) 926-1100

Theater Arts Senior Center

120 East 110th Street
New York, NY 10029
(212) 427-0358

UBA Beatrice Lewis Senior Center

2322 Third Avenue
New York, NY 10035
(212) 289-9155

UJC Adult Luncheon Club (Kosher)

15 Bialystoker Place
New York, NY 10002
(212) 673-9328

University Settlement Nutrition

189 Allen Street
New York, NY 10002
(212) 473-8217

**Washington Heights Community SVC
Senior Center**

650 West 187th Street
New York, NY 10033
(212) 781-8331

Washington Lexington Senior Center

1775 Third Avenue
New York, NY 10029
(212) 828-6115

Wilson M Morris Senior Center

459 West 152nd Street
New York, NY 10031
(212) 234-4661

**YM-YWHA of Washington Heights-
Inwood Senior Center**

54 Nagle Avenue
New York, NY 10040
(212) 569-6200

Applications

- A. EPIC
- B. Food Stamps
- C. HEAP
- D. IT-24
- E. Exemption and Abatement Application for Owners
(Formerly SCHE)
- F. SCRIE
- G. SCRIE Portability
- H. SCRIE Appeals
- I. SCRIE Tenant Ineligibility Form

V. Applications

A. EPIC Application



8999997



APPLICATION

FILL OUT THIS FORM COMPLETELY.

ENTER THE ADDRESS THAT WE SHOULD USE WHEN WE SEND YOU INFORMATION.

REMEMBER:
• YOU MUST BE 65 OR OLDER TO ENROLL.

• YOU MUST SEND PROOF OF AGE WITH YOUR APPLICATION.

PLEASE PRINT CLEARLY

Who is applying? Yourself only or Yourself and your spouse

Your Last Name	First	Middle Initial	Social Security Number										
c/o Name (if different from above)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> </tr> </table>										
Mailing Address			Your Date of Birth										
Box # or Apt. #		Month / Day / Year											
City			Telephone Number										
County		Area Code / Number											
Zip		()											

Marital Status	Sex	Ethnic Information (Optional)
<input type="checkbox"/> Widowed, Single or Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married, Living Separately	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other

Spouse's Last Name (if living)	First	Initial	Social Security Number										
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> <td style="width: 3.33%;"></td> </tr> </table>										

Spouse's Birthdate	Spouse's Ethnic Information (Optional)
Month / Day / Year	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other

Do you have other insurance that covers prescriptions? Yes No
 If yes, name of other insurance _____

Does your spouse have other insurance that covers prescriptions? Yes No
 If yes, name of other insurance _____

Do you have Medicaid? *(Not Medicare)* Yes No
 If yes, do you have a Medicaid spenddown? Yes No

Does your spouse have Medicaid? *(Not Medicare)* Yes No
 If yes, does your spouse have a Medicaid spenddown? Yes No

(Please turn over and fill in other side)
 NEED HELP? CALL TOLL-FREE: 1-800-332-3742
 ¿ NECESITA AYUDA? LLAME 1-800-332-3742

NON DOH-3609 (6/02)

Report your total income for the previous calendar year.

- If you are married, you must report the joint income of you and your spouse.
- Fill in each line. Where you did not have income, check the NONE box.
- Report all income including Social Security (without Medicare Premiums), pensions, interest from savings, IRA distributions, wages, etc. Multiply monthly amounts by 12 to get yearly income.
- Your income information may be verified with the Social Security Administration, the NYS Department of Taxation and Finance and others. We may ask for copies of documents that verify your income.

	YOUR YEARLY INCOME	NONE	SPOUSE'S YEARLY INCOME	NONE
1. Social Security (without Medicare) and/or Railroad Retirement Benefits	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
2. Pensions and Annuities	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
3. Other Income (Net Rental Income, IRA, Capital Gains, Wages, Business Income or Loss, etc.)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
4. Interest and Dividends	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
5. TOTAL YEARLY INCOME (Add lines 1-4)	\$ _____		\$ _____	

Read carefully and sign below:

I certify that the information on this form is correct. I reside in New York State, and am not currently receiving Medicaid benefits. I know that I may be required to give proof of my age, income, residency and other prescription insurance. I know that I do not have to disclose my Social Security number; but if provided, it will be used to verify my eligibility under Article 19-K of the Executive Law. I consent to the exchange of all information necessary to verify my eligibility between EPIC and the Social Security Administration, NYS Medicaid Program, NYS Tax Department, private insurance companies and others. In the event of duplicate or overpayment by EPIC, I assign to EPIC any drug benefits that I may be entitled to under any other private insurance or governmental plan. I authorize my health care providers to release to the EPIC program my medical information pertaining to prescriptions to be used for authorized program purposes.

You or your representative must sign below:

_____	_____
Your signature	Date
_____	_____
Spouse's signature	Date

Mail this form with proof of age, and income documentation if available, to:

EPIC
P.O. Box 15018, Albany, NY 12212-5018
The information on this application is kept strictly confidential
and is used only to determine your eligibility for EPIC.

B. Food Stamps

LDSS-4826 (Rev. 5/08)

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE



FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION



Use this form if Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

This application can only be used to apply for Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application process, including the interview, must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away?

You May Be Eligible For Expedited Processing of your Food Stamp Benefits Application.

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be qualified to receive Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

If you live **outside of** New York City, call or visit your local department of social services in the county where you live and ask for an application package. You can get the address and phone number by calling toll free **1-800-342-3009**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009**.

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services if you have any questions, to see if you are eligible for a telephone interview, **or if you need to reschedule an interview.**

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	Lang
										<input type="checkbox"/> Apply <input type="checkbox"/> Recertify

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____
 Residence Address: _____ Apt.# _____ City 1, NY Zip Code _____
 Mailing Address (if different) _____ Apt.# _____ City 1, NY Zip Code _____
 Other Name: _____ Are You: Applying or Recertifying Do you want to receive notices in: Spanish and English or English **Only**

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. **→** APPLICANT/REPRESENTATIVE SIGNATURE 2 DATE SIGNED

List everyone who lives with you even if they are not applying. List yourself first.

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*									
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U				
1								<input checked="" type="checkbox"/>		self	<input checked="" type="checkbox"/>													
2																								
3																								
4																								
5																								
6																								
7																								
8																								

*Race/Ethnic Codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White, U - Unknown (MA Only)

Are you and is everyone living with you a US citizen? Yes No If No, who is not a citizen? _____

Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? Yes No

Are you or is anyone living with you in violation of probation or parole according to a court? Yes No

Have you or has anyone living with you ever been disqualified from receiving Food Stamp Benefits because of fraud or intentional program violation? Yes No

Are you or is anyone in your household applying for or receiving Food Stamp Benefits or Temporary Assistance in another place? Yes No

Are you or is anyone living with you blind, disabled or pregnant? Yes No If Yes, who _____

Are you or is anyone living with you a veteran? Yes No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? Yes No

If you are recertifying for Food Stamp Benefits, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out of your household).

You may use the page 6 if you need more room or there is other information that you think we might need. **Go to Page 2**

INCOME

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

Do you or does anyone living with you have child/dependent care costs related to employment or training? Yes No If Yes, who _____.

Amount paid \$ _____. How often paid (e.g., weekly, monthly) _____.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? Yes No

Do you or does anyone living with you have any potential income that has not yet been received? Yes No If Yes, explain on Page 6.

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? Yes No If Yes, who _____ **5**

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

Yes No If Yes, who _____.

Are you or is anyone living with you participating in a strike? Yes No If Yes, who _____.

RESOURCES

Resources do not affect the eligibility of most households applying for Food Stamp Benefits. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts) \$ _____ Belongs to _____.

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates) Yes No

If Yes, amount \$ _____ Type _____ Owner _____.

How many cars, trucks or other vehicles do you or anyone in your household have? **6**

#1 Year _____ Make _____ Model _____ Owner _____

#2 Year _____ Make _____ Model _____ Owner _____

Do you or anyone applying own any property including your own home? Yes No if yes, list property _____ Owner _____

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp Benefits? Yes No

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

Own home or paying for home Renting Migrant/seasonal farmworker No permanent residence Live with relatives or friends

List expenses:

Monthly rent or mortgage payment \$ _____ Tax on home per year \$ _____ Insurance on home per year \$ _____ **7**

Pay separately for Heat? Yes No If yes, specify type of heating: Gas Electric Oil Wood Coal Propane Other (list) _____

Heat Co. Name _____ Heat Co. Acct. No. _____

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 3

LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

Pay for air conditioning, either in your electric bill or as a separate fee? Yes No

Pay separately for utilities (other than heating/cooling)? Yes No (for example, lights, cooking gas, washer/dryer fees, garbage/trash, water, initial installation of utilities).

Does anyone else pay any of these expenses for you (some examples are Section 8 or other subsidy program)?

Yes No If yes, who pays what? _____.

Do you or does anyone living with you pay court-ordered child support? Yes No If yes, who _____

Name(s) of child(ren) support is being paid for _____

Payment amount \$ _____ Frequency of payments (for example, weekly, bi-weekly, monthly) _____

Are you, and/or anyone living with you, blind/disabled or at least age 60? If so, does such person have medical bills? Yes No If yes, list on the page 6 what they are for, how much and who is responsible for payment.

Are you, and/or anyone living with you, on Medicaid with a spenddown? Yes No If yes, who _____ Amount \$ _____

Are you, and/or anyone living with you (16 years old or older) enrolled in school or training? Yes No If yes, who _____ where _____

You may use the page 6 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

FOOD STAMP BENEFITS (FS) PENALTY WARNING – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; or found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; or found guilty in a court of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; or found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; or commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

If you get more Food Stamp Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account or you may pay cash

READ THE IMPORTANT INFORMATION BELOW (cont'd)

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

CONSENT – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits Quality Control Review.

CONSENT FOR RELEASE OF CONFIDENTIAL UNEMPLOYMENT INSURANCE (UI) INFORMATION – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of, TA, MA, or FS benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

SUA (STANDARD UTILITY ALLOWANCE) INFORMATION – I understand that Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, my household intends to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

TELEPHONE ALLOWANCE INFORMATION – I understand that Food Stamp Benefits recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated pay phone. If I do not have any cost to make phone calls, I will let my worker know.

CHANGES – I agree to inform the agency promptly of any change in my needs, income, property, living arrangement, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES – I understand that my household must report child care and utility expenses in order to get a Food Stamp Benefits (FS) deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a FS deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for FS or may increase my FS. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of FS in future months in accordance with the rules for change reporting and processing changes.

PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN) – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

CITIZENSHIP/IMMIGRATION STATUS– I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of my self and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

For the Food Stamp Benefits Program, citizenship must be documented only if questionable.

NON-DISCRIMINATION NOTICE – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

LIFELINE: For applicants/recipients of Food Stamp Benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you *do not* want this information released, check this box

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-only applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person's name, address and phone number below. When an Authorized Representative is applying on behalf of a Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER DIRECTLY BELOW.

Name _____ Address _____ Phone _____

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

APPLICANT SIGNATURE X	DATE SIGNED 10
Authorized Representative SIGNATURE X	DATE SIGNED

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

Use this area for additional information:

Who: _____ Explanation:

Who: _____ Explanation:

Who: _____ Explanation:

11

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE

12

DATE

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Employed by: Social Services District Provider Agency

(Specify)

Reason ____/____/____ Withdrawal Denial Recert. Closing

Eligibility Approved by _____ Date _____

FS Authorization Period: From _____ To _____

IN-PERSON INTERVIEW **TELEPHONE INTERVIEW**

Comments:



HOME ENERGY ASSISTANCE PROGRAM APPLICATION

IMPORTANT NOTICE

YOU SHOULD BE AWARE THAT THERE IS LIMITED MONEY AVAILABLE FOR HEAP BENEFIT PAYMENTS. ONCE AVAILABLE MONEY IS USED UP, NO BENEFITS WILL BE ISSUED AND THE PROGRAM WILL CLOSE. THEREFORE, IT IS STRONGLY RECOMMENDED THAT YOU COMPLETE AND RETURN YOUR APPLICATION AS SOON AS POSSIBLE. BE AWARE THAT IN PAST YEARS THE PROGRAM HAS CLOSED DOWN AS EARLY AS MARCH 12.

ANSWER **ALL** QUESTIONS. **DO NOT** WRITE IN THE **SHADED** AREAS. PLEASE **PRINT** CLEARLY, AND SIGN THE FORM ON PAGE 3.

CONTACT THE AGENCY ABOVE IF YOU NEED HELP					AGENCY USE ONLY						
					DSS			OFA / ALTERNATE CERTIFIER			
DATE RECEIVED					DATE RECEIVED						
ACCOUNT NUMBER					AGE CODE:		AGE				
OFFICE		APPLICATION DATE		UNIT ID		WORKER ID.		CASE TYPE		CASE NUMBER	
								6 0			
CASE NAME					NUMBER REUSE INDICATOR		HEAP INCOME		REGISTRY NUMBER		
									VERS.		
					<input type="checkbox"/> REGULAR		<input type="checkbox"/> MAIL IN				
					<input type="checkbox"/> EMERGENCY		<input type="checkbox"/> WALK IN				

SECTION 1: HOUSEHOLD COMPOSITION

CD LN															
1 01 COMPLETE THE WHITE BOXES BELOW:															
FIRST NAME			MI	LAST NAME			DATE OF BIRTH		SEX		SOCIAL SECURITY NUMBER				
							MO DAY YR		<input type="checkbox"/> Male <input type="checkbox"/> Female						
MY MAIDEN NAME AND / OR OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:			FIRST NAME	MI	LAST NAME										
STREET ADDRESS					APT. #		CITIZEN / NATIONAL OR QUALIFIED ALIEN?			BLIND OR DISABLED?					
							<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
CITY				STATE		ZIP CODE		PHONE NUMBER WHERE I CAN BE REACHED (Area Code + Phone No.)							
								COUNTRY							
MY MAILING ADDRESS (IF DIFFERENT FROM ABOVE) IS:															
ADDRESS					APT. #		CITY		COUNTY		STATE		ZIP CODE		
HAVE YOU EVER APPLIED FOR HEAP? <input type="checkbox"/> YES <input type="checkbox"/> NO										IF YES, ENTER DATE OF MOST RECENT APPLICATION →					

BESIDES MYSELF, THE FOLLOWING PEOPLE LIVE IN THE SAME HOME/APARTMENT (If no one else, write NONE):														
CD	LN	FIRST NAME	MI	LAST NAME	DATE OF BIRTH			SEX	RELATION TO ME	SOCIAL SECURITY NUMBER	CITIZEN / NATIONAL OR QUALIFIED ALIEN		BLIND OR DISABLED	
					MO.	DAY	YR.	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	02										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	03										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	04										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	05										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	06										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	07										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	08										<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF PEOPLE WHO LIVE IN MY HOME/APARTMENT, INCLUDING MYSELF:	
--	--

DO YOU OR DOES ANYONE LIVING AT YOUR ADDRESS GET FOOD STAMP BENEFITS?
 YES NO IF YES, WHO? _____ FS CASE NUMBER:

DO YOU OR DOES ANYONE IN YOUR HOUSE/APARTMENT GET TEMPORARY ASSISTANCE?
 YES NO IF YES, WHO? _____ TA CASE NUMBER:

SECTION 2: HOUSING – CHECK (✓) ONE BOX ONLY

<p>1. <input type="checkbox"/> HOMEOWNER - Single Family House or Mobile Home</p> <p><input type="checkbox"/> HOMEOWNER - Multi-Family House List Number of Units _____</p> <p><input type="checkbox"/> CO-OP/CONDO OWNER</p> <p><input type="checkbox"/> RENTER - Public Housing Project or Senior Housing</p>	<p><input type="checkbox"/> RENTER - Private Housing but receive government rent subsidy Type of Subsidy _____</p> <p><input type="checkbox"/> RENTER - Private House, Apartment or Mobile Home</p> <p><input type="checkbox"/> I live with someone else and share expenses</p> <p><input type="checkbox"/> I pay for a room</p> <p><input type="checkbox"/> Other (describe) _____</p>
---	---

2. MY MONTHLY RENT OR MORTGAGE PAYMENT IS: \$ _____ NONE

3. IF APPLICABLE, THE NAME OF THE APARTMENT BUILDING OR HOUSING PROJECT I LIVE IN IS: _____

4. DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE A SENIOR CITIZEN RENT INCREASE (SCRIE) (NYC Only)?
 YES NO

SECTION 3: HEAT AND UTILITY INFORMATION

IF YOU PAY FOR YOUR OWN HEAT, COMPLETE SECTION A BELOW:	IF YOU <u>DO NOT</u> PAY FOR YOUR OWN HEAT, COMPLETE SECTION B BELOW:
<p>A. My main source of heat is:</p> <p><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat <input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Coal or Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane or Bottle Gas</p> <p>Is the heating bill in your name? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Are you responsible to pay the bill? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Your heating account number (if you have one) is: (Do not use a landlord's account number)</p> <p><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Your heating company's name is: _____</p> <p>STREET ADDRESS _____</p> <p>CITY/TOWN _____ STATE _____ ZIP CODE _____</p> <p>Do you also pay a utility company directly for your lights or cooking or hot water?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes,</p> <p>Your utility account number (if you have one) is: (Do not use a landlord's account number)</p> <p><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Your utility company's name is: _____</p> <p>Is electricity necessary to run the furnace? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is electricity necessary to operate the thermostat in your apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B. My household situation is:</p> <p><input type="checkbox"/> Both Heat and Utilities are Included in the Rent</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Pay Utilities only (Lights, Cooking)</p> <p>If you pay for utilities, is the bill in your name? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "No," the bill is in the name of: _____</p> <p>Relationship to you: _____</p> <p>Are you responsible to pay the bill? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Your utility account number (if you have one) is: (Do not use a landlord's account number)</p> <p><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Your utility company's name is: _____</p> <p>Is electricity necessary to run the furnace? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is electricity necessary to operate the thermostat in your apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <div style="background-color: #e0f2f1; padding: 5px; text-align: center;"> <p>OIL AND/OR KEROSENE HEATERS, COMPLETE SECTION C BELOW:</p> </div> <p>C. Do you have any of the following?</p> <p><input type="checkbox"/> Price Protection Plan <input type="checkbox"/> Budget Plan with a Price Cap</p> <p><input type="checkbox"/> Prepayment Plan <input type="checkbox"/> Service Contract</p>

SECTION 4: HOUSEHOLD INCOME

CHECK (✓) YES OR NO FOR EVERY QUESTION. REPORT ANY INCOME FOR ALL HOUSEHOLD MEMBERS. ALL \$ AMOUNTS MUST BE REPORTED AS GROSS INCOME BEFORE ANY DEDUCTIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
TYPE OF INCOME		CHECK ONE (✓)	IF YES, GIVE AMOUNT	WHO RECEIVES?	
1.	SOCIAL SECURITY/SOCIAL SECURITY DISABILITY including direct deposit (Gross Monthly Amount before deductions)	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Indicate amount you pay for :	
				Medicare Part B:	
				Medicare Part D:	
2.	SUPPLEMENTAL SECURITY INCOME (SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$		
3.	PENSION/RETIREMENT Private and/or government	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Source of Pension	
4.	VETERAN'S BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$		
5.	DISABILITY private or NYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKLY AMT. \$	Source	
6.	CONTRIBUTION from someone outside the household	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Name of Contributor	
7.	CHILD SUPPORT (received)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Court ordered weekly amt. \$	Source	
8.	ALIMONY including payments for mortgage, utility bills, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Source	
9.	RENTAL INCOME apartment, garage, land, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Type of Rental	
10.	ROOM/BOARD (received) etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY AMT. \$	Name of Room/Boarder	
11.	WORKER'S COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKLY AMT. \$		
12.	UNEMPLOYMENT BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKLY AMT. \$		
13.	INTEREST from savings, checking, CD's, money market accounts, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEARLY AMT. \$	Name of Bank	
14.	DIVIDENDS from stocks, bonds, securities, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	YEARLY AMT. \$	Source of Dividends	
15.	Does anyone in the household work? If yes, submit wage stubs for the past 4 weeks.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Weekly Amt. before Deductions \$	Employer	
			Weekly Amt. before Deductions \$	Employer	
16.	Is there any other income from any other source?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount \$	Source	

SECTION 5: RESOURCES (Emergency Applications Only)

IF APPLYING FOR EMERGENCY BENEFITS COMPLETE SECTION 5 BELOW				
	CHECK ONE (✓)	AMOUNT	SOURCE	WHO RECEIVES?
Cash on hand?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Savings, Checking, Credit Union?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Stock, Bonds, CDs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
IRA, Pensions, etc?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		
Other Resources?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		

LIFELINE – If you are applying for Lifeline the Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you do not want this information released, check this box .

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

I swear and/or affirm that the information given on this application is true and correct. I realize that any False Statements or other Misrepresentation knowingly made by me in connection with this application for assistance may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any False Statement or Misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to Civil and/or Criminal Penalties. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation by any Authorized Government Agency in connection with this request for Home Energy Assistance.

TO GET HEAP ALL QUESTIONS MUST BE ANSWERED AND YOUR APPLICATION MUST BE SIGNED AND DATED BELOW.

SIGN HERE: X	DATE SIGNED:
NAME OF PERSON, IF ANY, WHO ASSISTED YOU:	PHONE NUMBER:

PERSONAL PRIVACY LAW - NOTIFICATION TO CLIENTS

The State's Personal Privacy Protection Law, which took effect September 1, 1984, states that we must tell you what the State will do with the information you give us about yourself and your family. We use the information to find out if you are eligible for the Home Energy Assistance Program and, if so, for how much. The section of the Law that gives us the right to collect the information about you is Section 21 of the Social Services Law. To make sure that you are getting all of the assistance you and your family are legally entitled to receive, we check with other sources to find out more about the information you have given us. For example:

- We may check to find out if you were working. We do this by sending your name and Social Security Number to the State Department of Taxation and Finance, and also to known employers, to tell us whether you worked and, if so, how much you made.
- We may ask the State to check with the Unemployment Insurance Division to see if you were getting unemployment benefits.
- We may check with banks to make sure we know about any income you may have received.

Besides using the information you give us in this way, the State also uses the information to prepare statistics about all the people receiving Home Energy Assistance. This information is used for program planning and management. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors. Your failure to provide us with the information we need, may prevent us from finding out if you are eligible for assistance and we may then have to deny your application. This information is kept by the Deputy Commissioner, Division of Information Technology (DoIT), Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, New York 12243-0001. Do not send your application to this address.

CONSENT TO WITHDRAW

I CONSENT TO WITHDRAW MY HEAP APPLICATION: **SIGN HERE: X** _____

I UNDERSTAND THAT I MAY REAPPLY FOR HEAP BENEFITS AT ANYTIME DURING THE PERIOD THAT HEAP APPLICATIONS ARE BEING ACCEPTED.

AGENCY USE ONLY

Comments, resolution activities, income calculation/documentation, verification of emergency for expedited regular benefit, vendor contact, etc.

Does anyone in the household meet the criteria for vulnerability? Yes No

REGULAR BENEFIT

SEPARATE HEAT (check ✓ one):

- Oil LP Gas Wood
- Kerosene Natural Gas Coal Gas
- PSC Electric Heat Municipal Electric Heat

HEAT INCLUDED IN RENT:

- Payment to household
- Payment to Utility

Benefit	\$
Vendor	
Vendor Code	

EMERGENCY

HEAT OR **COMBINED**

Benefit	\$
Vendor Code	

Application compared to previous information
 No prior application No Changes Changes resolved

PENDING START: _____ END: _____ APPROVED DENIED

TOTAL INCOME \$ _____ CATEGORICALLY ELIGIBLE TA / FS / CODE A SSI: _____ TIER I II

CERTIFYING AGENCY _____ Emergency Application Date _____

WORKER'S SIGNATURE / DATE _____ Emergency Resolution Date _____

SUPERVISOR'S INITIALS / DATE _____ Action Taken _____

HEAT RELATED ONLY
 PSC Municipal

Benefit	\$
Vendor Code	

OTHER _____

Benefit	\$
Vendor	
Vendor Code	

D. IT-214

New York State Department of Taxation and Finance

Claim for Real Property Tax Credit for Homeowners and Renters



IT-214

Attach label, or print or type	Important: You must enter your social security number(s) in the boxes to the right.				
	Your first name and middle initial	Your last name <i>(for a joint claim, enter spouse's name on line below)</i>		▼ Your social security number	
	Spouse's first name and middle initial	Spouse's last name		▼ Spouse's social security number	
	Current mailing address <i>(number and street or rural route)</i>		Apartment number	New York State county of residence	
	City, village, or post office		State	ZIP code	
	Street address of New York residence that qualifies you for this credit, if different from above				Qualifying social security number if different from above
City, village, or post office				State NY	
				ZIP code	

- 1 Were you a New York State resident for all of 2005 *(mark an X in the appropriate box)*? **1.** Yes No
 - 2 Did you occupy the same residence for at least six months during 2005? **2.** Yes No
If you marked an X in the No box on line 1 or 2, stop; you do not qualify for this credit.
 - 3 Did you own real property with a current market value of more than \$85,000 during 2005? **3.** Yes No
 - 4 Can you be claimed as a dependent on another taxpayer's 2005 federal return? **4.** Yes No
If you marked an X in the Yes box on line 3 or 4, stop; you do not qualify for this credit.
 - 5 Did you live in a nursing home, public housing, or other residence completely exempted from real property taxes in 2005? *(If you marked Yes, you must attach an explanation to your real property tax credit claim; see instructions.)* **5.** Yes No
 - 6 Including yourself, how many members of your household are filing Form IT-214? Enter number **6.**
 - 7 Were any of the household members included on line 6 (or your spouse, if this is a joint claim) 65 or older on January 1, 2006? *(If you marked Yes, enter qualifying social security number in the box above line 1; see instructions.)* **7.** Yes No
 - 8 Did you own or pay rent for your residence during 2005? **8.** Own Rent
- Complete Schedule A or B, and Schedule C, on the back before continuing.**
- 9 Did you enter an amount for the exemption on line 20 of this claim? **9.** Yes No
 - 10 **Homeowners:** enter amount from line 21. **Renters:** enter amount from line 25 **10.** .
 - 11 Enter household gross income from line 34 *(If more than \$18,000, stop; you do not qualify for this credit. If 0 or less, leave lines 12 and 13 blank.)* **11.** . **00**
 - 12 From the table below, enter the rate that applies to your household gross income **12.** .

If the amount on line 11 is:		Your rate is:	If the amount on line 11 is:		Your rate is:
\$.01	to \$3,000	.035	\$9,001	to \$11,000	.055
\$3,001	to \$5,000	.040	\$11,001	to \$14,000	.060
\$5,001	to \$7,000	.045	\$14,001	to \$18,000	.065
\$7,001	to \$9,000	.050			

- 13 Multiply line 11 by line 12 **13.** .
- 14 Subtract line 13 from line 10. *(If line 13 is more than line 10, stop; no credit is allowed.)* **14.** .
- 15 If you entered an amount on line 20, enter 25% of line 14; or, if no entry was made on line 20, enter 50% of line 14 **15.** .
- 16 Credit limitation *(see instructions; enter amount from table)* **16.** .
- 17 Enter the amount from line 15 or 16, whichever is less. This is the credit for your household. *(If more than one member of your household is filing Form IT-214, see instructions. See line 35 for direct deposit information.)* **17.** .

- Transfer the amount on line 17 of this form to Form IT-150, line 40, or to Form IT-201, line 65.
- Please be sure to sign and date the back of this form.
- If you are filing a NYS income tax return, attach this form to your return.
- If you are not filing a New York State income tax return, mail this form to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.



2141050094

Please file this original scannable credit form with the Tax Department.

Schedule A — Homeowners: Enter the amounts you and all qualified members of your household paid during 2005.

18 Real property taxes (including school district taxes)	18.		.	
19 Special assessments.....	19.		.	
20 The amount of taxes not paid due to the exemption for persons 65 or older under section 467 of the Real Property Tax Law (veterans' tax exemption does not qualify). This entry is optional (see instructions)	20.		.	
21 Real property taxes paid (add lines 18 through 20). Enter here and on line 10	21.		.	

Schedule B — Renters: Enter the amount of rent constituting real property taxes paid during 2005.

If your residence was 100% exempt from real property taxes, stop; you do not qualify for this credit.

22 Enter the total rent you and all members of your household paid during 2005	22.		.	
23 If line 22 includes charges for:	Enter on line 23:			
heat, gas, electricity, furnishings, and board.....	50%	of line 22		
heat, gas, electricity, and furnishings.....	25%	of line 22		
heat, gas, and electricity.....	20%	of line 22		
heat or heat and gas	15%	of line 22		
none of the above	0			
24 Adjusted rent (Subtract line 23 from line 22. If monthly average is over \$450, stop; you do not qualify for this credit.)	24.		.	
25 Enter 25% of line 24 here and on line 10. (If over \$1,350, stop; you do not qualify for this credit.)	25.		.	

Schedule C — Homeowners and renters: Enter the household gross income of all household members.

26 List below the name, social security number, and the year of birth of everyone, including yourself, who lived in your household in 2005. (Attach additional sheets if necessary.) Enter the total number of household members in the boxes

26.	
-----	--

Your name	Social security number	Year of birth
Spouse's name (if married)		
Household member's name		
Household member's name		

Enter the total of all amounts, even if not taxable, that you, your spouse (if married), and the above household members received during 2005.

27 Federal adjusted gross income (from Form 1040A, line 22; Form 1040EZ, line 4; or Form 1040, line 38). If you do not have to file a federal return, see Household gross income on the front page of the instructions for this form	27.		.	
28 New York State additions to federal adjusted gross income.....	28.		.	
29 Social security payments not included on line 27	29.		.	
30 Supplemental security income (SSI) payments.....	30.		.	
31 Pensions and annuities not included on lines 27 through 30	31.		.	
32 Cash public assistance and relief.....	32.		.	
33 Other income.....	33.		.	
34 Household gross income (add lines 27 through 33). Enter here, and on line 11, rounded to the nearest whole dollar.....	34.		.	00
35 Direct deposit: If you are not attaching this claim to your income tax return, and want your credit (from line 17) sent directly to your bank account, complete a, b, and c (see instructions).				
a Routing number		● <input type="text"/>		
b Account type: ● <input type="checkbox"/> Checking ● <input type="checkbox"/> Savings		c Account number ● <input type="text"/>		

▼ Paid preparer's use only ▼	
Preparer's signature	SSN or PTIN: ● <input type="text"/>
Firm's name (or yours, if self-employed)	Employer identification number ● <input type="text"/>
Address	Mark an X if self-employed <input type="checkbox"/>
	Date <input type="text"/>

▼ Taxpayer(s) sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint claim)	
Date <input type="text"/>	Daytime phone number (optional) (<input type="text"/>)



E. Exemption and Abatement Application for Owners



NYC DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

EXEMPTION & ABATEMENT APPLICATION FOR OWNERS

Mail to: NYC Department of Finance, P.O. Box 3120, Church Street Station, New York, NY 10008-3120. Fax to: 212-361-7799

Instructions: Owners are eligible for several exemption programs that will reduce their property taxes. This application can be used to apply for the following exemption programs: Basic and Enhanced STAR (School Tax Relief), the Senior Citizen, Veteran, Disabled, and Clergy exemptions and the Co-op/Condo abatement program. Read the instructions carefully for further information on how to complete this application.

SECTION I - OWNER INFORMATION

List the names of all owners of the property, as shown on the deed or proprietary lease, or, if applicable, the owner(s) of a life estate in the property. Attach a separate sheet if the property has more than two owners.

BASIC AND ENHANCED STAR

1. Owner #1's Name:

a. _____ FIRST NAME b. _____ LAST NAME

c. Is this Owner #1's primary residence? YES NO

d. Social Security #: [][]-[][]-[][][][] e. Date of Birth: [][]-[][]-[][]
MM DD YY

f. Check here if the applicant is the owner of a life estate in the property.

2. Owner #2's Name:

a. _____ FIRST NAME b. _____ LAST NAME

c. Is this Owner #2's primary residence? YES NO

d. Social Security #: [][]-[][]-[][][][] e. Date of Birth: [][]-[][]-[][]
MM DD YY

f. Check here if the applicant is the owner of a life estate in the property.

3. Are owners #1 and #2 husband and wife, siblings or registered domestic partners? YES NO

SECTION II - PROPERTY INFORMATION

CO-OP/CONDO OWNERS

1. Address: a. _____ HOUSE # b. _____ STREET NAME c. _____ APT. #

2. Borough: _____ **3. Block #:** _____ **4. Lot #:** _____ **5. Zip Code:** _____

6. When did you purchase your property? [][]-[][]-[][]
MM DD YY

7. I am filing for an exemption **8.** I am filing for a co-op/condo abatement

9. If the property is in a cooperative development, how many shares does the apartment contain? _____

10. Management Company/Agent Contact Information:

a. _____ NAME OF MANAGEMENT COMPANY b. Telephone Number: _____
Daytime

c. _____ HOUSE # d. _____ STREET NAME e. Zip Code: _____

f. _____ AGENT'S FIRST NAME g. _____ AGENT'S LAST NAME

Visit Finance at nyc.gov/finance

EX-01 04/13/09

SECTION III - INCOME INFORMATION

SENIORS & HOMEOWNERS WITH DISABILITIES

1. Enter the federal adjusted gross income, but subtract un-reimbursed medical expenses, of all owners of the property, their spouses or registered domestic partners who are required to file a federal tax return (see instructions). \$ _____

2. If *all the owners* were not required to file a federal tax return, check this box _____ → Not Required to File

3. Do any of the owners listed in Section I or their spouses receive Social Security Disability Insurance, Supplemental Security Income, Railroad Retirement Disability Benefits, or other disability income (including disability pension)? YES NO

SECTION IV - ELIGIBILITY INFORMATION

VETERANS

1. a. Are any of the owners listed in Section I veterans, or a spouse, unmarried widow or widower, or a registered domestic partner of a veteran; or the parent of a soldier killed in action? YES NO

*If "YES" to 1a, answer Questions 1b through 1d.
If "NO" to 1a, skip to Question 2.*

b. Did the veteran serve during a period of conflict? YES NO

c. Did the veteran serve in a combat zone? YES NO

d. Was the veteran disabled in the line of duty? YES NO

e. If you checked "YES" to 1d, please indicate the percentage of the veteran's disability: _____%

CLERGY

2. Are you an active or retired member of the clergy who is/was primarily responsible for ministerial work or the unmarried surviving spouse or registered domestic partner of a member of the clergy? YES NO

SECTION V - SIGNATURES AND CERTIFICATIONS

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit, and should Finance determine that I do not qualify for tax exemptions and abatements, I will be disqualified from future exemptions and abatements and will be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

Owners of co-op and condo units must check the boxes below that apply to them.

I certify that I do not, individually or as a principal shareholder of a corporation or partnership, own more than three units in the cooperative or condominium building

I certify that I am not a sponsor of the cooperative or condominium or a successor in interest to the sponsor

All owners must sign and date this application, whether they reside at the property or not.

_____/_____/_____
OWNER'S SIGNATURE DATE

_____/_____/_____
OWNER'S SIGNATURE DATE

Contact Information:
If we have a question about this application, whom should we contact?
Contact Name: _____
Telephone #: _____ Email Address: _____

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

The Department of Finance will inform you of all exemption benefits that you are eligible for on your Statement of Account.



INSTRUCTIONS FOR EXEMPTION AND ABATEMENT APPLICATION FOR OWNERS

Mail to: NYC Department of Finance, P.O. Box 3120, Church Street Station, New York, NY 10008-3120. Fax to: 212-361-7799

OVERVIEW

Finance will review the information provided in this application to determine your eligibility or level of exemption for the following homeowner tax exemption programs:

- School Tax Relief (STAR) Basic and Enhanced
- Senior Citizen Homeowners' Exemption (SCHE)
- Veterans' Exemption
- Disabled Homeowners' Exemption (DHE)
- Clergy Exemption
- Co-op/Condo Abatement

To be eligible for any of these programs, complete this application for your primary residence, that is, the house, condominium, or cooperative apartment that you live in for the majority of the year or the address where you are registered to vote. NOTE: A member of the clergy does not have to occupy the property to be eligible for the exemption, but must be a resident of New York State.

APPLICATION DEADLINE

Finance will accept applications throughout the year. However, the start date for tax reduction benefits varies according to when you apply.

CO-OP/CONDO ABATEMENT	STAR AND ALL OTHER PROGRAMS
DEADLINE: FEBRUARY 15 TH	DEADLINE: MARCH 16 TH
If we receive your application by February 15th , benefits will begin by July 1st of the same year.	If we receive your application by March 16th , benefits will begin by July 1st of the same year.

If your application is received after these deadlines, benefits will begin on July 1st of the following year.

BENEFITS

It is difficult to estimate the amount a property owner will save for most of the exemption programs. All exemption programs other than the Co-op/Condo Abatement lower property tax by lowering the assessed value of the house, condominium,

or cooperative apartment. Please see the Finance website at nyc.gov/finance for information regarding eligibility or calculating the tax savings you will receive if you qualify for any exemption.

STAR – On average, homeowners who have Basic STAR save \$200 a year; seniors who have Enhanced STAR save \$375 a year.

SPECIFIC INSTRUCTIONS

Section I – Owner Information

Questions 1a-f through 2a-f

Provide the name of each owner of the property (i.e., each person named on the deed or proprietary lease, or is the owner of a life estate), whether or not the owner resides at the property. For purposes of this application, if you own a life estate in the property, then you are considered the owner of the property and the owner information required to complete this application refers to information concerning the life estate owners. Social Security numbers must be included, or Finance will not process your application. If there are more than two owners, attach a separate sheet with the additional owner information.

Question 3

Indicate if any of the owners listed in Section I are husband and wife, siblings or registered domestic partners by checking the appropriate box.

Section II – Property Information

Questions 1 through 10

Give the complete address of the property for which you are seeking tax benefits and the date you purchased the property. Apartment or unit numbers are required for co-ops and condos. Also, indicate the name, address and phone number of the management company.

Section III – Income Information

Question 1

Federal adjusted gross income can be found on any version of the federal tax return you filed for the most recent calendar year (e.g., IRS Form 1040, 1040 short form, 1040-EZ). Federal adjust-

ed gross income may be reduced by un-reimbursed medical and prescription drug expenses, and medical insurance premiums.

Question 2

If all owners of the property were not required to file a federal tax return for the most recent calendar year, check the box. The property will be eligible for the maximum benefit.

Question 3

Indicate whether any owner receives any of the following forms of disability-related financial assistance: (1) Social Security Disability Insurance (SSDI); (2) Supplemental Security Income (SSI) benefits; (3) Railroad Retirement Disability Benefits (RRDB); (4) Disability pension from the US Postal Service; or, has a certificate from the State Commission for the Blind and Visually Handicapped stating that he/she is legally blind.

Section IV – Eligibility Information

Questions 1a through 1e

a. Indicate by checking the appropriate box if any of the owners listed in Section I are veterans, or spouses, unremarried widows, widowers of veterans, or if they are parents of a soldier killed in action.

“Veterans” are former members of the United States armed forces or the Merchant Marines (during World War II) or recipients of expeditionary medals.

b. Periods of conflict are:

- *World War I*
April 6, 1917 - November 11, 1918
- *World War II*
December 7, 1941 - December 31, 1946
- *Korean Conflict*
June 27, 1950 - January 31, 1955
- *Vietnam War*
February 28, 1961 - May 7, 1975
- *Persian Gulf War*
August 2, 1990 - Present

c. “Combat zone” refers to a location of active combat, such as Vietnam during the Vietnam War. Veterans who served during a period of conflict but who were stationed in non-combat areas should check “No” (for example, a soldier who was in the service during the Vietnam War dates but who was not stationed in Vietnam).

d. For the purpose of this question, “disabled” refers to a Veterans’ Administration designation.

e. You can obtain your disability rating from the US Department of Veterans Affairs by calling 1-800-827-1000. If no percentage is indicated on the form, Finance will use 10% for purposes of your eligibility.

Question 2

A member of the clergy is defined as belonging to any religious denomination. The clergy member must (1) perform work assigned by the denomination to which he/she belongs, as their principal occupation; (2) be unable to perform such work due to illness or impairment; or (3) be over the age of 70.

If the member of the clergy is deceased, the surviving spouse or registered domestic partner may be eligible for a tax reduction for the house the couple shared, as long as the spouse has not remarried.

Section V – Signatures and Certifications

All owners of the property must sign Section V, whether or not they reside at the property. The applicant must also check both boxes to verify their eligibility. By checking the boxes you are certifying you are not a principal shareholder, either in individually or part of a corporation or partnership, who owns more than three units in a coop or condominium building. In addition, you must verify that you are not a sponsor or successor in interest (one who succeeds to the rights and assume the obligations of a sponsor) of a cooperative or condominium building.

Three Ways to Submit Your Application

- FAX:** 212-361-7799
- MAIL:** NYC Department of Finance
P.O. Box 3120
Church Street Station
New York, NY 10008-3120
- ONLINE:** nyc.gov/finance
(coming soon)

KEEP A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.

F. SCRIE

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

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 \$28,000 or less;
- whose rent has been increased and represents more than one-third (1/3) of the total household income.

Tenants who live in a Public Housing Authority Project or receive Section 8 rental subsidies do not qualify for SCRIE benefits.

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

APPLICATION INSTRUCTIONS

- A. **TENANT INFORMATION.** Print all information clearly in ink.
- 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.
- C. **BUILDING OWNER/MANAGING AGENT.** Provide owner/agent information requested.
- D. **RENTAL INFORMATION.** If you have:
- Renewed your lease, attach a copy of the renewal lease and a copy of the prior lease. ALL leases must be signed by the building owner and the tenant.
 - Received a rent increase notice from your landlord, attach a copy of the notice and any other material received with the notice.
 - Received a fuel or building improvement increase, attach a copy of the notice.
- E. **FAMILY AND HOUSEHOLD.** List all persons living in you household. Applicants must provide proof of date of birth by attaching a copy of one of the following: • Birth Certificate • Passport • Driver's License • Baptismal Certificate • Medicaid Card • School or Census Records • Resident Alien Card • Naturalization Certificate
- 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 for yourself. List income by annual amount. Attach copies of all documentation to verify each source of income listed. Appropriate proofs of income include the following: • Federal 1040 Income Tax Return and all applicable schedules • Social Security Benefit Letter (from Social Security Administration) • Social Security Retirement Survivors, and Disability Insurance Letter • Supplemental Security Income (SSI) Letter • Form SSA-1099 Social Security Benefit Statement • Public Assistance benefits letter (need not include food stamps) • Retirement award letter • Pension Statement • Year End Bank statements reflecting interest for entire year • IRA Income Statement If you retired during the year preceding the rent increase or during the same year of the rent increase, report only the income you will receive over the next 12 months.
- G. **ALLOWABLE DEDUCTIONS.** List only those deductions noted on the form. These will be deducted from your income before your eligibility for SCRIE is determined.
Proofs of deductions include 1040 Federal Income Tax Return and court orders.
- SIGNATURE.** Please sign and date the application. Without your signature, the application cannot be processed and will be returned to you.

Mail Your Completed Application to:
The New York City Department for the Aging
Senior Citizen Rent Increase Exemption (SCRIE) Program
2 Lafayette Street, 6th Floor
New York, NY 10007

APPLICATION CHECKLIST

DID YOU REMEMBER TO:

- ✓ Attach a copy of one proof of date of birth?
- ✓ Attach copies of income documentation for all sources noted on your application?
- ✓ Attach a copy of your new lease or Rent Increase Notice?
- ✓ Sign the application and fill in all the information requested?

G. SCRIE Portability

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

H. SCRIE Appeals Applications



DEPARTMENT FOR THE AGING

2 LAFAYETTE STREET
New York, New York 10007-1392

Edwin Méndez-Santiago, LCSW
Commissioner

APPEAL OF SCRIE ORDER

Instructions: Complete all items below. Circle the correct answers in parentheses.

SCRIE Docket: _____

I am the (landlord who owns) (tenant who occupies) the apartment located at _____ (address of your building) in the borough of _____, City of New York. I would like to appeal the SCRIE Order dated _____ (month, date, year).

Name, Mailing Address, and Phone Number:

Owner: _____	Tenant: _____
Address: _____	Address: _____
Apt. #: _____	Apt. #: _____
City, State: _____	City: _____, New York
Zip Code: _____	Zip Code: _____
Phone: (____) _____	Phone: (____) _____

- (1) In order for the SCRIE Unit to review your Appeal, you must check one of the boxes below.
- (2) Attach a copy of the SCRIE Order, plus copies of all documents that support your claim.
- (3) Write a detailed explanation of your claim, using additional pages if necessary.

My objections to the SCRIE Order are as follows:

- I currently receive SCRIE benefits, but the amount is not correct, because (state reason): _____.
- I was a SCRIE beneficiary, but was taken off the program. I am seeking a reinstatement. Attached are documents showing my annual household income and rent.
- I applied for SCRIE benefits for the first time, but my application was denied. I believe I am eligible. Attached are documents showing my annual household income and rent.
- I believe that my SCRIE tenant is no longer eligible for benefits for the following reasons: _____ Attached are documents to support my claim.
- Other Issues (**Please explain in detail**): _____.

AFFIRMATION: I hereby affirm under the penalties provided by law that the statements above are true, correct, and complete to the best of my knowledge.

Your Signature _____	Date _____
	
* \$ @ 3 A P E L @ \$ *	

Visit us at: <http://www.nyc.gov/aging>

APPEALS FAQ

1. Who Can Appeal?

- Any SCRIE applicant or recipient, or any landlord who disagrees with a SCRIE order can file an Appeal.

2. Is There a Deadline for Having an Order Appealed?

- You must ask for an Appeal within **60 days** of the date listed at the top of the Order.
- SCRIE will accept your Appeal if it is sent by mail and postmarked less than **60 days** after the date of the Order.
- SCRIE will also accept your Appeal if it is emailed to SCRIE in a PDF File at SCRIE_Service@aging.nyc.gov less than **60 days** after the date of the Order.
- SCRIE may, if you have a good excuse, extend your time to appeal.

3. How Do I File My Appeal?

- Please fill out the attached form and attach a copy of the SCRIE Order that you are appealing. Mail this to:

Senior Citizen Rent Increase Exemption Program
Administrative Appeals Unit
2 Lafayette Street, 6th Floor
New York, New York 10007

- You may also email the Appeal in a PDF File to SCRIE_Service@aging.nyc.gov.
- If you have questions or require assistance, please email SCRIE at SCRIE_Service@aging.nyc.gov or call 311.

4. What Happens to the Order While It Is Being Appealed?

- The Order under appeal remains in effect while SCRIE reviews it.
- If an owner appeals an Order granting SCRIE benefits, the owner may only collect the frozen, SCRIE rent until SCRIE issues another Order stating otherwise. Specifically, the Administrative Code of the City of New York provides that:

Any landlord who collect[s] or seeks to collect or enforce rent from a tenant in violation of the terms of a rent exemption order shall for the purposes of all remedies, sanctions and penalties provided in this title be deemed to have collected or attempted to collect or enforce a rent in excess of the legal regulated rent.

5. Can a Court Review the SCRIE Order?

- A Court cannot review a SCRIE Order until you go through the SCRIE Appeal process. If you disagree with the results of the SCRIE Appeal process, you may then appeal to the New York State Supreme Court.
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I. SCRIE Tenant Ineligibility Form



Department For The Aging
Bureau of Senior Assistance and Benefits
Senior Citizen Rent Increase Exemption Program (SCRIE)
2 Lafayette Street, 6th Floor, New York, NY 10007-1392
Telephone Number (212) 442-1000

Edwin Méndez-Santiago, MSW, CSW, Commissioner

NOTICE OF TENANT'S INELIGIBILITY

STATE OF NEW YORK

COUNTY OF _____

SCRIE DOCKET NUMBER _____

I, _____, being duly sworn, depose and say that:

I am the building owner / managing agent of the premises known as (indicate address)

Borough _____ Block _____ Lot _____ .

_____, who resided in apartment # _____,

(Tenant's Name)

was a senior citizen receiving Senior Citizen Rent Increase Exemption (SCRIE) benefits.

_____, on (Month) _____

(Tenant's Name)

(Day) _____ (Year) _____ and is no longer eligible for SCRIE benefits.

The total monthly legal rent at the time this SCRIE recipient vacated the apartment was \$ _____.

I affirm that the above facts are true and are given as a basis for the City of New York, Department for the Aging, SCRIE Program to determine the effective date of the revocation of said SCRIE recipient's benefits.

Signature of building owner / managing agent

Date

(7/98)