



Department of
Housing Preservation
& Development

CAPITAL ASSESSMENT or VOLUNTARY CAPITAL CONTRIBUTION EXEMPTION APPLICATION

Application for Assessment or Contribution which became effective on _____(Date)

PART A: GENERAL INFORMATION

Name of Development _____ Boro _____
 Address _____ Apt. # _____
 Name of Head of Household _____
 Telephone # (____) _____ Email _____ Number in Household _____
 Emergency Contact & Tel. # (____) _____ Date Moved into Apt _____

PART B : HOUSEHOLD INFORMATION (List all persons living in household at the time of the capital assessment or voluntary contribution)

	Name	Relationship	Date of Birth (Attach Proof)	Social Security Number
1		Self		
2				
3				
4				

PART C: INCOME INFORMATION

Did you or any occupant in your household file a federal, state or city income tax return for the calendar year prior to the effective date? **Yes:** **No:**

If yes, attach copy of each occupant's tax return or tax transcript and proof of social security, if applicable. If no, provide a non-filing verification letter from the IRS for each occupant. Proof of income for each occupant in your household **MUST** be provided for the application to be processed. If applicable, please provide proof of your social security, SSI, SSP, pension(s), wages, interest, public assistance, and any additional income. For more details, please review the back of this application.

PART D: AFFIRMATION (Application MUST be signed and dated to be processed.)

I understand that this application is subject to verification and that I may be required to provide documentation or other evidence in support of the application. I declare that the statements made are true, correct, and complete to the best of my knowledge. I understand that misrepresentation hereof may be cause for termination of my occupancy and such other penalties as may be provided by law.

Signature of Head of Household

Date

OFFICIAL USE ONLY

DO NOT WRITE BELOW THIS LINE

Project No.	Bldg. No.	# of Rooms	Effective Date	Assessment Amount \$	# of Shares
Monthly Utilities:	Current Rent \$	Prior Rent \$	Total Income \$		Base Rent \$
As of Increase \$	- Utilities x Room \$	- Utilities x Room \$	- Taxes \$		One-third of Income \$
Prior to Increase \$	= Billable \$	= Base \$	= Adjust. Total \$		Payable Rent (higher amt.) \$

SEE INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS FOR FILING APPLICATION FOR SCRIE CAPITAL ASSESSMENT OR VOLUNTARY CAPITAL CONTRIBUTION EXEMPTION

The SCRIE Capital Assessment or Voluntary Capital Contribution Exemption law provides for exemptions from capital assessments or voluntary capital contributions for low-income senior citizens living in the City of New York in a cooperative housing development developed under Article II, IV, V, or XI of the Private Housing Finance Law.

ELIGIBILITY

You are eligible for an exemption if you met the following conditions on the effective date of the rent/carrying charge increase:

- You (or your spouse) lived in the apartment.
- You (or your spouse) were the head of the household.
- You (or your spouse) were 62 years of age or older.
- The total household income did not exceed \$50,000 for increases effective on or after July 1, 2014 (Household Income for **all** persons living in household).
- Your monthly basic rent/carrying charge was more than or equal to one-third of your total annual household income. Any portion of your rent/carrying charge that is for utility costs or other fees or charges, are not considered part of your base rent/carrying charge.
- You are **NOT** on any other rent/carrying charge assisted program (e.g. **Sect 8, SCHE, DRIE, RAP**).

If you meet all the above conditions, complete the application on the front side.

SUPPORTING DOCUMENTATION

The below supporting documentation must be provided for **ALL persons living in the household**, if applicable. All financial information required is for the calendar year immediately **PRIOR** to the year in which the increase became effective (January through December). (Example: If the rent increase is effective January 1, 2021, provide 2020 financial information).

- Proof of age (government issued driver's license, ID, passport, or birth certificate).
- Current year social security award letter.
- Federal **AND** New York State tax return with ALL schedules or tax transcript. If you did not file taxes, provide a non-filing verification letter from the IRS for each occupant in the household.
- W-2 for all wages earned.
- 1099-R form for all pension(s) held.
- November and December bank statements to verify SSI and SSP
- Proof of public assistance or unemployment, if applicable
- Retirement letter, if applicable

SUBMIT APPLICATION:

Mail applications directly to:

SCRIE UNIT
New York City Department of Housing Preservation and Development
Division of Housing Supervision
100 Gold Street, 7th floor
New York, New York, 10038

OR

Email applications directly to:

SCRIE@hpd.nyc.gov

If you have any questions, please call (212) 863-8494.

You will be notified as to whether or not you are eligible for this program. If you are eligible for an exemption from the rent/carrying charge increase, you will receive a letter notifying you of the amount subsidized by the SCRIE Program.

Response to the following is optional and will have no bearing on this application:

1. Has anyone in your household ever served or are they currently serving in the U.S Armed Services, National Guard, or Reserves? (Yes/No)
2. If you responded yes to question #1, select any that apply: a) Self b) Spouse/Partner c) Child d) Other (write in) _____
3. If you responded to question #2, select any that apply: a) U.S. Armed Services b) National Guard c) Reserves