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100 Gold Street
New York, N.Y. 10038

SCRIE Unit Section 7M
(212) 863-8494
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2016 RECERTIFICATION REINSTATEMENT

Tenant's Name

Project Name:

Tenant's Address
Apt

SENIOR CITIZEN RENT INCREASE EXEMPTION RECERTIFICATION FORM FOR 2016

1. Did you or **any** member of your household start receiving social security **for the first time** in 2016? Yes No

If 'Yes' please enter the **gross** annual amount of social security – \$_____.

2. **Other** annual **gross** household income for **calendar year 2016** (Please include for **all** household members and supply proof – **only for 2016**). \$_____.

Pension _____ Interest _____ SSI _____
Wages _____ Dividends _____ Other _____

3. Total number of household members (**SELF**, spouse, children, grandchildren, etc.) _____.

If the persons residing in your household are **not** the same persons who resided in your household at the time of the last recertification, please supply proof including income.

4. Please provide a copy of the **2016** federal income tax return filed for **each** member of the household.

AFFIRMATION

I understand that this recertification is subject to verification and that I am required to provide true and accurate documentation or other evidence in support of the statements made. I understand that misrepresentation may result in such penalties as may be provided by law. I understand that I am required to report any increases in household income or change in household status as requested above and if my recertification is granted and is later modified or revoked I will be obligated to pay back rent. **I also understand that my acceptance to DRIE, SCHE or Section 8 will forfeit my SCRIE subsidy.**

SIGNATURE _____

DATE _____

THIS FORM MUST BE RETURNED TO: HPD; SCRIE; 100 Gold St., Room 7M; N.Y, N.Y.10038. OR SCRIE@hpd.nyc.gov FAILURE TO RETURN ON TIME WILL RESULT IN YOUR REMOVAL FROM THE PROGRAM.

PROJECT NO: _____ BLDG NO: _____ APT. NO: _____ SOC. SEC. NO: _____