

2018 RECERTIFICATION REINSTATEMENT

Name: _____
 Address: _____
 Apt: _____

Project Name: _____
 Project #: _____
 Bldg #: _____

SENIOR CITIZEN RENT INCREASE EXEMPTION RECERTIFICATION FORM FOR 2018

1. Did you or **any** member of your household start receiving social security ***for the first time*** in 2018? Yes No

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

2. *Other* annual gross household income for **calendar year 2018** (***You must*** include for ***all*** household members and supply proof – ***only for 2018***). \$ _____.

Pension _____ Interest _____ Supplemental Social Security(***SSI/SSP***) _____
 Wages _____ Dividends _____ Other _____

3. Total number of household members (***SELF***, spouse, children, grandchildren, acquaintance/friend 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, ***you must*** list their names, DOB, SS, and supply proof of income.

4. Please provide a copy of the **2018 federal and/or state 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, with proof of 2018 income for you and all household members. FAILURE TO RETURN ON TIME WILL RESULT IN YOUR REMOVAL FROM THE PROGRAM.

