

2020 RECERTIFICATION REINSTATEMENT

TENANT'S NAME:

PROJECT NAME:

STREET ADDRESS, APT#:

BLDG#:

CITY/STATE/ZIP:

SENIOR CITIZEN RENT INCREASE EXEMPTION RECERTIFICATION FORM FOR 2020

1. Did you or **any** member of your household start receiving social security ***for the first time*** in 2020? Yes No

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

2. *Other* annual *gross* household income for **calendar year 2020** (***You must*** include for ***all*** household members and supply proof – ***only for 2020***). \$_____.

Pension _____ Interest _____ **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, please supply proof including income.

4. Please provide a copy of the **2020 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 ASAP, TO: HPD; SCRIE; 100 GOLD STREET, RM 7M
New York, NY 10038 OR Scrie@hpd.nyc.gov, with proof of 2020 income for you and ALL household members.**

