Department of Housing Preservation & Development
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DINA LEVY
Commissioner

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Office of Asset & Property Management
Division of Housing Supervision
100 Gold Street
New York, N.Y. 10038

TENANT'S NAME**:**
STREET ADDRESS:
CITY/STATE/ZIP

PROJECT NAME:
BLDG#:

SENIOR CITIZEN RENT INCREASE EXEMPTION REINSTATEMENT FORM FOR 2024

1. Did you or ***any*** member of your household start receiving social security ***for the first time*** in 2024? Yes □ No □

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

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2. Please check off any income that any household member received for ***calendar year 2024*** (***You must*** include proof of income for ***all*** household members – ***only for 2024***).

- ☐ Social Security/SSI (benefit letter or 1099-SSA)
- ☐ SSP (copy of bank statement showing deposits)
- ☐ Pension (1099-R)
- ☐ Business Income (1040 tax return w/ schedules)
- ☐ Salary (W-2)
- ☐ Unemployment Benefits (Breakdown of weekly benefits)
- ☐ Interest
- ☐ Dividends
- ☐ Real Estate Income (1040 tax return w/ schedules)
- ☐ Capital Gains (1040 tax return w/ schedules)
- ☐ Workers' Compensation
- ☐ Rental Subsidies (SCHE, DRIE, Section 8)

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3. Total number of household members (**SELF**, spouse, children, grandchildren, acquaintance/friend, etc.) ____.

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

If a person who was residing in the household has passed away since 2022, please provide a copy of the death certificate.

If a person previously residing in the household has moved, please provide proof (utility bill or certified tax return).

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4. Please provide a ***complete*** copy of the ***2024*** **federal income tax return** filed for ***each*** member of the household (must include all Schedules).

   If any household member did not file taxes, please obtain a Verification of Non-filing letter from the IRS by calling 800-908- 9946.

   If you retired since 2022, please provide proof of retirement date.

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**_____