

Senior Citizen Rent Increase Exemption (SCRIE) & Capital Assessment Appeal Form

Who can apply: You may use this form if you live in a Mitchell-Lama, a federally subsidized 213 coop, or an Article XI HDFC coop and would like to appeal a SCRIE/ Capital Assessment decision.

Mail or email your form to: Housing Preservation and Development, 100 Gold Street, Room 7M, (SCRIE/Capital Assessment APPEAL) New York, NY 10038: or email: scrie@hpd.nyc.gov

Please be sure to include documentation to support your appeal and keep copies of everything submitted.

Deadline: For appeals emailed or postmarked within 120 days of the date on your SCRIE decision notice any reversal will be retroactive to the date of the original application. For appeals received more than 120 days from the decision date any reversal will be as of the date the appeal was postmarked or emailed.

SECTION 1: Application Information		
Name:		
Development / Building Number:		Date On Decision Notice:
Street Address:		Apt.
City:	State:	Zip:
Telephone Number:		Cell Phone Number:
Email Address:		

SECTION 2: Reason For Appeal (Please mark all that apply)
<input type="checkbox"/> My SCRIE/Capital Assessment application was denied because my total household income exceeded the maximum allowable. I do not agree and I am attaching proof that my total household income for the prior calendar year was \$50,000 or less.
<input type="checkbox"/> My SCRIE/Capital Assessment application was denied because my current rent/maintenance is less than one-third of my total monthly household income. I do not agree and I am attaching proof to support my claim.
<input type="checkbox"/> My SCRIE/Capital Assessment application was denied because I did not live in the unit before or at the time the rent/maintenance increase/Capital Assessment went into effective. I do not agree and I am attaching proof that I was living in the unit prior to the increase.
<input type="checkbox"/> My SCRIE/Capital Assessment application was denied because I was not at least 62 years of age at the time of the last rent/maintenance increase/Capital Assessment. I do not agree and I am attaching proof of my age.
<input type="checkbox"/> My SCRIE/Capital Assessment application was denied because I am not the tenant/shareholder of record. I do not agree and I am attaching proof of my lease, stock certificate/succession rights.
<input type="checkbox"/> I was found ineligible for Portability for one of the following reasons. <ul style="list-style-type: none"> <input type="checkbox"/> my new rent is less than my prior rent; <input type="checkbox"/> 1/3 of my monthly income exceeded my base rent; <input type="checkbox"/> my total household income exceeded the maximum of \$50,000 I do not agree with the checked reason above and have attached proof to support my claim.

I was found ineligible for SCRIE/Capital Assessment because I did not return my recertification form by the deadline or in a timely manner. Attached please find a copy of my recertification form and supporting documents.

My SCRIE/Capital Assessment application was denied for other reasons. (Please type or clearly write an explanation of the denial in the space provided below or on a separate sheet of paper.) Please remember to submit proof to support your claim and keep copies.

ADDITIONAL INFORMATION:

You may mark all that apply to your appeal. Please submit proof that supports your claim, include a copy of the denial notice with your documents and keep copies of all documents submitted. Please note that if you do not submit all required documentation, the SCRIE/ Capital Assessment appeal will not be approved.

SECTION 3: CERTIFICATION

I understand that this appeal 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 hereof may be cause for termination of my occupancy, recoupment of subsidy paid, and such other penalties as may be provided by law, including but not limited to . I hereby affirm under penalties provided by law that the statements within this application are true, correct, and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

OR

Signature of Attorney or Court-Appointed Guardian _____

Print Name _____ Date _____

If a power of attorney or court-appointed guardian has signed this application on behalf of the applicant, submit documentation for the power of attorney or guardianship.