

How to Complete the SCRIE Renewal Application

Print the date you are completing the application and docket number. Your docket number can be found on any notice sent to you from SCRIE.

Section 1: Applicant Information

For the applicant, provide the first and last name, date of birth, Social Security Number and full address. If available, provide a primary phone number, cell phone number, and email address.

Section 2: Tenant Representative

It is strongly recommended that all applicants provide a tenant representative. This person can get copies of all notices sent to the primary applicant. Use this space to change or add a tenant representative's contact details.

Section 3: Household Income

You must list the total annual income for you (the applicant) and all household members for 2018

Applicant Income completion

- Use the income check boxes to indicate all sources of income for each household member. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that you did not receive any income in 2018, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2018 or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2018.

Now that you have completed your income information, you will need to complete the income section for each household member. If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application. Do not forget to attach proof of 2018 income for you and all household members.

Household Income completion

- Write the first and last name of the household member.
- Provide the date of birth, Social Security Number in the space provided.
- Provide each household member's relationship to the primary applicant, for example spouse, parent, daughter/son, granddaughter/grandson.
- Use the income check boxes to indicate all sources of income for household member. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that a household member did not receive any income in 2018, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2018, full time student verification or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2018.

Section 4: Rent Information

Indicate the type of apartment you live in. Take note of the documents that are being requested based on your apartment type and include it with your application.

Section 5: Certification

After reading the certification, sign it, print your name and write the date in the spaces provided.

Final Check and Mailing

Review your application and ensure that all questions are answered. Provide a copy of all proof of income for 2018 for yourself and all household members. If applicable, provide any additional documentation as requested in Section 4.

Mail your application to:

New York City Department of Finance, SCRIE Unit
59 Maiden Lane, 22nd Floor
New York, NY 10038

You may also submit the application in person:

SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.



SCRIE Senior Citizen Rent Increase Exemption 2019 RENEWAL APPLICATION

Please be sure that the **PRIMARY APPLICANT** signs the last page of this application.

Mail completed application to:
New York City Department of Finance, **SCRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038**
PLEASE PRINT

DATE	SCRIE DOCKET NUMBER
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1. APPLICANT INFORMATION

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS		

2. TENANT REPRESENTATIVE INFORMATION

If you previously provided a Tenant Representative and that information has changed, please provide the updated information. If you did not have a Tenant Representative and you want copies of your notices sent to another person (in addition to you), please select a representative and complete the following:

NAME (FIRST, LAST)	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER () -	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

SCRIE 2019 Senior Citizen Rent Increase Exemption RENEWAL APPLICATION

3. HOUSEHOLD MEMBERS AND INCOME

Complete the income section that follows for you (applicant) and each household member. Supporting income documents must be supplied for all household members. See Household Income Worksheet (pages 8-9) to calculate total income.

If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Applicant:

NAME (FIRST, LAST)		
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Rent paid to you by boarder(s): _____	
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> I HAD NO INCOME IN 2018

Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income		
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2018

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3. HOUSEHOLD MEMBERS AND INCOME (CONTINUED)

Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest
<input type="checkbox"/> Business Income	<input type="checkbox"/> Other: _____	
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2018

If you have more than two household members living with you, provide information on a separate sheet.

4. RENT INFORMATION

What is your Apartment type? (please check one)

Apartment Type	Required Documents to Submit
<input type="checkbox"/> Rent Stabilized	Please submit your renewal lease signed by you and your landlord that indicates a one or two year lease term.
<input type="checkbox"/> Rent Controlled	If available, include a copy of the Maximum Collectible Rent form RN-26 and Fuel Cost Adjustment (FCA) form RA33.10 for 2018 and 2019.
<input type="checkbox"/> Hotel Stabilized/SRO/ Rent Demand	Include a copy of your rental agreement letter from the Management/Owner indicating your prior and new rent amount.

Note: If your rent increased due to a Major Capital Improvement (MCI), provide the Division of Housing and Community Renewal (DHCR) Approval Order. If your rent increased due to any other reason, please attach a copy of the agreement between you and your landlord.

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5. CERTIFICATION

Please read carefully and sign the below certification. Your application is not complete if you do not sign.

I hereby certify under penalties provided by law that I currently reside at the address shown in this application and that the information provided is true and complete.

I understand and agree that if I fail to disclose all income from household members, as well as rental payments made to me from boarders, I may be held responsible to repay the City the full amount of any SCRIE benefits received improperly plus any interest charges.

I understand that my income is subject to income verification by the Department of Finance.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	DATE

If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Social Security Numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Social Security Numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

***NOTE: This application can only be used if submitted between 1/1/2019 and 12/31/2019.
You must send in all supporting documentation or your application cannot be processed.***

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator.

If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

SCRIE 2019 Senior Citizen Rent Increase Exemption RENEWAL APPLICATION

Please read but do not submit with your application

Did you...

- Check over the application to make sure all questions have been answered?
- Sign and date the Certification section on the prior page?
- Include proof of income for ALL household members including yourself for 2018? Proof of income includes, but not limited to:
 - ✓ Income tax returns
 - ✓ Social Security benefit statement
 - ✓ IRA/Annuity statement, including earnings statement
 - ✓ Pension statement
 - ✓ Signed letter from boarder stating rental payments
 - ✓ 1099/W2 statement
 - ✓ Public assistance budget statement
 - ✓ Student status letter for any non-working students living in your household
 - ✓ Signed letter from a friend/family stating amount of monetary assistance
- Obtain a copy of your rental documents indicated in section 4 of the application?
- If applicable, include a copy of the DHCR approval order for any Major Capital Improvements (MCI) or agreement for any individual apartment improvement?

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

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IN PERSON:

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