



# SCRIE Senior Citizen Rent Increase Exemption INITIAL APPLICATION

## WHO CAN APPLY

You may qualify for SCRIE if you are 62 or older; you live in and are on the lease of a rent-controlled, rent-regulated, or rent-stabilized apartment; the combined income of everyone living in your apartment is less than \$50,000; and you spend more than 1/3 of your combined household income on rent.

## HOW TO APPLY

Mail your completed and signed application, along with the supporting documents described in section 6, to:

### New York City Department of Finance

Rent Freeze Program - SCRIE

P.O. Box 3179

Union, NJ 07083

If you need help, call 311 or send us a message by visiting [www.nyc.gov/contactscrie](http://www.nyc.gov/contactscrie).

## 1. APPLICANT INFORMATION

NAME		
DATE OF BIRTH	SOCIAL SECURITY NUMBER*	
STREET ADDRESS		APT.
CITY	STATE	ZIP
HOW MANY ROOMS DOES YOUR APARTMENT HAVE?	TELEPHONE NUMBER (     )     -	
EMAIL ADDRESS	HAVE YOU OR YOUR SPOUSE APPLIED FOR SCRIE IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> U.S. Postal Service Benefits <input type="checkbox"/> Interest <input type="checkbox"/> Capital Gains <input type="checkbox"/> Public Assistance <input type="checkbox"/> Rent paid to you by boarder(s): _____ <input type="checkbox"/> Business Income <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other: _____		
If you retired in the last year, please indicate retirement date: _____		
TOTAL INCOME FROM LAST YEAR \$	TOTAL TAX DEDUCTIONS CLAIMED LAST YEAR \$	<input type="checkbox"/> I HAD NO INCOME LAST YEAR

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## 2. TENANT REPRESENTATIVE INFORMATION

You can designate a representative to receive copies of the notices you receive from the Rent Freeze Program. This is optional, but recommended.

NAME		RELATIONSHIP TO APPLICANT	
ORGANIZATION		TELEPHONE NUMBER (     )     —	
STREET ADDRESS			APT.
CITY		STATE	ZIP
EMAIL ADDRESS			

## 3. OTHER HOUSEHOLD MEMBERS

If other people live in your apartment, complete the information below. You will need to submit the documents described in section 6 for all household members listed here. Attach an additional sheet if necessary.

### ADDITIONAL HOUSEHOLD MEMBER #1

NAME		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO 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"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other: _____
TOTAL INCOME FROM LAST YEAR \$	TOTAL TAX DEDUCTIONS CLAIMED LAST YEAR \$	<input type="checkbox"/> I HAD NO INCOME LAST YEAR

### ADDITIONAL HOUSEHOLD MEMBER #2

NAME		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO 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"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other: _____
TOTAL INCOME FROM LAST YEAR \$	TOTAL TAX DEDUCTIONS CLAIMED LAST YEAR \$	<input type="checkbox"/> I HAD NO INCOME LAST YEAR

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## 4. APARTMENT TYPE (SELECT ONE)

**Rent-Stabilized**

If checked, please submit current and prior leases signed by both you and your landlord.

LEASE TERM (CHECK ONE)

1 YEAR

2 YEARS

Is this your first lease for this apartment?

Yes

No

I don't know

**Rent-Controlled**

If checked, please submit:

- Current year (and prior year, if applicable) Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26.

**Rent-Regulated Hotel / Single Room Occupancy (SRO)**

If checked, please submit:

- Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year.
- A letter from management or owner indicating current and prior rent amounts.

Note: If your rent increased due to a major capital improvement (MCI), provide the Division of Housing and Community Renewal (DHCR) approval order.

## 5. CERTIFICATION

Please read carefully and sign the certification below. 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 verification by the Department of Finance.

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY	SIGNATURE OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY	DATE

## 6. REQUIRED DOCUMENTS

To be approved for the Rent Freeze Program, you must verify that you are eligible. Please include the following with your completed and signed application:

### 1. Proof of Age

Provide a copy of one of the following for yourself and each additional household member: birth certificate, passport, driver's license, government-issued photo identification card, or other federal, state, or local document displaying date of birth.

### 2. Proof of Income

Provide a copy of the following for yourself and each additional household member for the calendar year immediately preceding the date you are filing this application.

- Federal or state income tax returns with all schedules and 1099s.
- Or, for you or any additional household member who did not file a federal or state tax return, submit copies of all sources of income, including those listed below.
  - Wages, salaries, and tips
  - Business income
  - Rental income
  - Rental subsidies
  - Social Security benefits (SSA, SSDI, SSI)
  - Pension payments
  - Unemployment, workers' compensation, or disability benefits
  - IRA earnings
  - Annuity earnings
  - Capital gains
  - Interest or dividends (taxable and non-taxable)
  - Child support or alimony payments received
  - Public assistance (cash)
  - Financial support from family or friends for rent
  - Gambling winnings, debt cancellation, and all other sources of income

### 3. Proof of Rent

**Submit the appropriate documents for your apartment type.**

#### Rent-Stabilized Apartment

- Submit your current and prior leases, signed by you and your landlord.
- Submit your preferential rent or Low-Income Housing Tax Credit (LIHTC) rider, if applicable.

#### Rent-Controlled Apartment

- Submit your current year (and prior year, if applicable) Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26.

#### Rent-Regulated Hotel / Single Room Occupancy (SRO)

- Submit your Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year.
- Submit a letter from management or owner indicating current and prior rent amounts.

### 4. Power of Attorney (if applicable)

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.

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at [www.nyc.gov/contactdofeeo](http://www.nyc.gov/contactdofeeo) or by calling 311.

\*You must provide your Social Security or ITIN number to apply for this Rent Freeze Program. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.