



SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) APPLICATION FOR BENEFIT TAKEOVER

Please mail this completed application with all required documents to: NYC Department of Finance - SCRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038

SECTION 1 - ELIGIBILITY REQUIREMENTS

Use this form to have a SCRIE benefit transferred to you from a current SCRIE beneficiary who has permanently left the household (moved, died, permanently placed in a nursing home, etc.) To qualify, you must:

- Have been listed as a household member of the SCRIE beneficiary on prior SCRIE applications
Be named on the lease or rent order or have been granted succession rights to the apartment
Be 62 years of age or older
Have an annual household income of \$50,000 or less
Present a death certificate or a letter from nursing home stating move is permanent for the current SCRIE tenant
Present proof of legal separation or divorce or an affidavit attesting to the fact that the household member has permanently moved or left household along with proof of residency for household member who has moved or left household (i.e. lease, State ID or utility bill with new address)

Note: You must submit this application within six (6) months of the SCRIE beneficiary's death or permanent move or within ninety (90) days of date of the tenant deceased notice from NYC Department of Finance, whichever is later.

SECTION 2 - SCRIE TENANT INFORMATION

Please indicate information of SCRIE tenant who recently passed away or was permanently moved into a nursing home.

1. Name of SCRIE tenant: a. FIRST NAME b. LAST NAME
2. Tenant Docket Number:
3. Tenant's Address: NUMBER 4. STREET NAME 5. Apt. #:
6. City: 7. State: 8. Zip Code:
9. Did household member pass away, move or leave the home? 10. Date of death: OR Date permanently moved or left household:

SECTION 3 - NEW TENANT OF RECORD INFORMATION

11. Name of New tenant: a. FIRST NAME b. LAST NAME
12. Tenant's Address: NUMBER 13. STREET NAME 14. Apt. #:
15. City: 16. State: 17. Zip Code:
18. Telephone: () 19. Social Security Number:
20. Date of Birth: 21. Relationship to SCRIE Tenant:

If you have experienced a permanent loss of 20% or more of your combined household income compared with the income reported in the last approved SCRIE application, you may apply for a redetermination of the frozen rent. If so, please check the box below.

Yes, I would like to apply for a redetermination

SECTION 4 - TENANT REPRESENTATIVE

You can have copies of your SCRIE notices sent to another person (in addition to you). If you would like to add a representative, please complete the fields below. If you do not want copies sent to another person, please leave the fields blank.

22. Name of Representative: 23. Email Address:
24. Address: NUMBER 25. STREET NAME 26. Apt. #:
27. City: 28. Zip Code: 29. Telephone: ()

