Department of
Housing Preservation
& Development

# SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) APPLICATION

**Application for Rent Increase/Carrying Charge which became effective on _____(Date)**

## PART A: GENERAL INFORMATION

Name of Development_____

Name of Head of Household_____

Address_____Apt. # _____

Telephone # (____)_____ Emergency Contact Name & Telephone #(____)_____

Number in Household_____ Date Moved into Apartment_____

## PART B : HOUSEHOLD INFORMATION (List *all* persons living in household at the time of the rent/carrying charge increase)

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

## PART C: INCOME INFORMATION

**(Supply proof of all income. List below gross Social Security one month prior to increase multiplied by 12; all other income one calendar year prior to increase. If any household member retired prior to effective date, proof must be attached.)**

| | Name | Social Security | SSI | Pension | Wages | Interest | Public Assistance | Other |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| | Total | | | | | | | |

## PART D: ALLOWED DEDUCTION

**Did you or any occupant in your household file a federal, state or city income tax return for the calendar year prior to the effective date? Yes: □ No: □ (Attach copy of Tax Return and Proof of Social Security Tax Paid)**

| | Name | Amount of Tax Paid |
|---|---|---|
| 1 | Self | |
| 2 | | |
| 3 | | |
| 4 | | |

## PART E: AFFIRMATION

I understand that this application is subject to verification and that I may be required to provide documentation or other evidence in support of the application. I declare that the statements made are true, correct and complete to the best of my knowledge. I understand that misrepresentation hereof may be cause for termination of my occupancy and such other penalties as may be provided by law.

_____ _____

Signature of Head of Household Date

**OFFICIAL USE ONLY ---- DO NOT WRITE BELOW THIS LINE**

| Project No. | Bldg. No. | Unit No. | Effective Date | # of Rooms | Reject |
|---|---|---|---|---|---|
| | | | | | |

| | | | |
|---|---|---|---|
| Monthly Utilities: | Current Rent $ | Prior Rent $ | Total Income $ |
| As of Increase $ | - Utilities x Room $ | - Utilities x Room $ | - Taxes $ |
| Prior to Increase $ | = Billable $ | = Base $ | = Adjust. Total $ |

| |
|---|
| Base Rent $ |
| One-third of Income $ |
| Payable Rent (higher amt.) $ |

**SEE INSTRUCTIONS ON REVERSE SIDE**

# INSTRUCTIONS FOR FILING A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) APPLICATION

The SCRIE law provides for exemptions from basic rent/carrying charge increases for low income senior citizens living in the following types of developments: City or State Limited Profit, Limited Dividend, Redevelopment, Housing Development Fund and 213 Cooperative Housing Companies.

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## ELIGIBILITY

You are eligible for an exemption if you met the following conditions on the effective date of the rent/carrying charge increase:

- You (or your spouse) lived in the apartment;
- You (or your spouse) were the head of the household;
- You (or your spouse) were 62 years of age or older;
- The total household income did not exceed $50,000 for increases effective July 1, 2014 (Household Income for **all** persons living in household) ;
- Your annual basic rent/carrying charge was more than or equal to one-third of your total annual household income. Any portion of your rent/carrying charge that is for utility costs or other fees or charges, are not considered part of your base rent/carrying charge.
- You are **NOT** on any other rent/carrying charge assisted program (**e.g. Sect 8, SCHE, DRIE, RAP).**

If you meet all the above conditions, complete the attached application.

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## GENERAL INSTRUCTIONS

Read all instructions carefully before filling out application. Please print with a ball-point pen or use a typewriter.

1. All of the financial information required is for the calendar year immediately ***PRIOR*** to the year in which the increase became effective (January through December).

   There are two exceptions:

   a) If you (or your spouse) are on Social Security, take the gross Social Security amount for the month prior to the effective date and multiply that number by 12 (including Medicare benefits).

   b) If you (or your spouse) retired, please provide proof, including the date of retirement.

2. You must attach proof of age and income to this application.

   Proof of Social Security benefits may be obtained from your local Social Security office. If a tax return has been filed, please supply a copy of the **FEDERAL** tax return. If you have no income, you must request a letter from the IRS stating you filed no taxes. Proof of interest, dividends, pension, wages, SSI, etc. must also be attached. If you are a public assistance recipient, we require proof of public assistance received.

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## APPLICATION PROCEDURE

**PART A.** Please complete top portion of application.

**PART B.** List each member of the household by name, date of birth and social security number.

**PART C.** All income declared is for the calendar year prior to the effective date.
**EXCEPTION** Social Security income is the gross amount one month prior to the effective date multiplied by 12.

**PART D.** Indicate if a tax return was filed one calendar year prior to the effective date. Enter the total of all Federal, State, City Income taxes and Social Security taxes actually paid by everyone listed. Attach proof. (Refunded taxes are not to be included.)

**PART E.** Read carefully, sign and date.

**NOTE: Mail all applications directly to:**

**SCRIE UNIT**
**New York City Department of Housing Preservation and Development**
**Division of Housing Supervision**
**100 Gold Street, 7th floor**
**New York, New York, 10038**

**If you have any questions, please call (212) 863-8494**

You will be notified as to whether or not you are eligible for this program. If you are eligible for an exemption from the rent/carrying charge increase, you will receive a letter notifying you of the amount subsidized by the SCRIE Program.

**The effective date of a subsidy for applications received more than 120 days from the date of an increase, shall be the first day of the month following the date of receipt of the application.**