Department of Finance

SCRIE Senior Citizen Rent Increase Exemption
PRE-QUALIFYING CHECKLIST

Please complete but do not submit with your application

Are you eligible for SCRIE?

Please answer the following questions:

Are you 62 years of age or older at the time of this application?	☐ Yes	☐ No
Do you live in an eligible apartment in New York City? (Rent Stabilized, Rent Controlled, or Rent Regulated Hotel/Single Room Occupancy Unit)	☐ Yes	☐ No
Are you listed as the primary or co-tenant on the lease/rent order, OR have been granted succession rights to the apartment?	☐ Yes	☐ No
Is your 2016 total annual household income (received by you and all household members) $50,000 or less, after allowable deductions?	☐ Yes	☐ No
Are you paying more than 1/3 of the household monthly income for rent?	☐ Yes	☐ No

If you answered NO to any of the above questions, you are NOT eligible for SCRIE.

If you live in one of these apartment types listed below, you are NOT eligible for SCRIE:

- NYCHA
- Section 8
- Private Home

If you are not sure what your apartment type is, please refer to question(s) 19-21 of the frequently asked questions located on page 13 of this SCRIE Rent Freeze Initial Application packet.

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at **nyc.gov/contactdofeeo** or call 311.

SCRIE/DRIE Household Income Worksheet (How to figure your household income)

Please refer to the attached income worksheet. Use this worksheet as a tool to determine your total annual household income for the prior year. 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.

Before you begin, you should:

- Gather all income documents for 2016 for you and all household members.
- Enter the total amount received in the boxes provided for the corresponding income type on the income worksheet.

SOURCES OF INCOME:

Line 1 – Social Security Benefits (SSA)
Enter the total gross amount of any retirement or survivor's benefits you and all household members received from the Social Security Administration in 2016. *Refer to SSA Form 1099, IRS Form 1040 line 20a. DO NOT include reimbursements under Medicare/Medicaid for medical expenses.*

Line 2 – Social Security Disability Insurance (SSDI)
Enter Social Security Disability Income (SSDI) received by all household members. *Refer to all benefit award letters for benefits received in 2016.*

Line 3 – Supplemental Security Insurance (SSI)
Enter Supplemental Security Income (SSI) received in 2016 by all household members including benefits received for dependent children in the household. *Refer to all benefit award letters for benefits received in 2016.*

Line 4 – Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits
Enter the total gross amount of all benefits for you and all household members who received VA benefits from the U.S. Department of Veterans Affairs. Submit copies of all benefit letters from the Department of Veterans Affairs indicating how much was received in 2016.

Line 5 – United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits
Enter the total gross amount of all benefits for you and all household members who received USPS benefits from the U.S. Postal Service. Submit copies of all benefit letters from the U.S. Postal Service indicating how much was received in 2016.

Line 6 – Wages/Salaries/Tips
Enter the total amount of wages, salaries, and tips, received by you and all household members in 2016. *Refer to W-2 box 1, 1099-MISC box 7, IRS Form 1040 line 7, NYS Form IT-201 line 1.*

Line 7 – Pension
Enter the total amount of pension received by you and all household members in 2016.

Line 8 – Disability/Workers' Compensation Payments
Enter the total amount of Workers' Compensation received by you and all household members in 2016. Submit a copy of your award letter with your application.

Line 9 – Taxable & Non-Taxable Interest
Enter the total amount of all taxable and non-taxable interest received by you and all household members received in 2016. *Refer to 1099-INT box 1, 1040 lines 8a and 8b, NYS Form IT-201 line 2.*

Line 10 – Public Assistance Cash Award
Enter the total gross amount of any cash assistance received by you and all household members in 2016. Submit copies of the budget letter with your application for all household members receiving cash assistance. SNAP/food stamps should not be included in your household income.

Line 11 – Business Income
Enter the net business income sources received by you and all household members in 2016. *Refer to IRS Form 1040 line 12, NYS Form IT-201 line 6. Do not include a loss.* Net business income is gross receipts minus expenses.

Line 12 – Capital Gains
Enter the total amount of any taxable capital gains received by you and all household members in 2016. *Refer to IRS Form 1040 lines 13 and 14, NYS Form IT-201 lines 7 and 8. DO NOT include a loss.*

Line 13 – IRA Earnings
Enter the total amount of IRA earnings received by you and all household members in 2016. Attach a copy of your end of year earnings statement for 2016. *DO NOT include total distribution amounts. DO NOT include any IRA rollovers or conversions.*

Line 14 – Annuities Earnings
Enter the total amount of annuities earnings received by you and all household members in 2016. Attach a copy of your end of year earnings statement for 2016. *DO NOT include the total distribution amounts.*

Line 15 – All Other Income
Enter all other income received in 2016. Other income includes (but is not limited to) rental income, rent from boarders, income from estates or trusts, alimony, child support payments, gambling winnings, taxable and non taxable dividends, cancellation of debt and monetary support received from family/friends for rent.

Line 16 – Add lines 1 through 15 and enter the amount.

APPLICABLE DEDUCTIONS

Line 17 – Federal income taxes paid

Line 18 – State income taxes paid

(W-2 box 17, Form 1099 – State tax withheld box, NYS Form IT-201, see line 72)

Line 19 – Local income taxes paid

(W-2 box 19, NYS Form IT-201 line 73)

Line 20 – Social Security taxes paid

(W-2 box 4)

Line 21 – Add lines 17 through 20 and enter the amount.

TOTAL HOUSEHOLD INCOME

Line 22 – Subtract line 21 from line 16 and enter the amount.

Please complete but do not submit with your application

SCRIE/DRIE Pre-Qualifying Income Worksheet

	Sources of Income Received	Applicant	Household Member #1	Household Member #2	TOTALS
1	Social Security Benefits (SSA) *(SSA-1099 box 5, IRS Form 1040 line 20a)*	$	$	$	$ 0.00
2	Social Security Disability Insurance (SSDI) *(SSDI Benefit Statement)*	$	$	$	$ 0.00
3	Supplemental Security Insurance (SSI) *(SSI Benefit Statement)*	$	$	$	$ 0.00
4	Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits *(Annual Benefit Statement)*	$	$	$	$ 0.00
5	United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits *(Annual Benefit Statement)*	$	$	$	$ 0.00
6	Wages/Salaries/Tips *(W-2 box 1, 1099-MISC box 7, IRS Form 1040 line 7, NYS Form IT-201 line 1)*	$	$	$	$ 0.00
7	Pension *(1099R box 1, total annual pension from pension statement, IRS Form 1040 line 16a)*	$	$	$	$ 0.00
8	Disability/Workers' Compensation Payments *(Attach award letter)*	$	$	$	$ 0.00
9	Taxable & Non-Taxable Interest *(1099-INT box 1, IRS Form 1040 lines 8a and 8b)*	$	$	$	$ 0.00
10	Public Assistance Cash Award *(PA Budget letter)*	$	$	$	$ 0.00
11	Business Income *(1040 line 12—DO NOT include a loss, NYS Form IT-201 line 6)*	$	$	$	$ 0.00
12	Capital Gains *(IRS Form 1040 line 13, NYS Form IT-201 line 7—DO NOT include a loss)*	$	$	$	$ 0.00
13	IRA Earnings *(End of year earnings statement—DO NOT include the amount of your distribution)*	$	$	$	$ 0.00
14	Annuities Earnings *(End of year earnings statement—DO NOT include the amount of your distribution)*	$	$	$	$ 0.00
15	All Other Income *(refer to FAQ guide for a list of income sources)*	$	$	$	$ 0.00
16	**INCOME TOTAL (Add lines 1 through 15)** +	$ **0.00**	$ **0.00**	$ **0.00**	$ **0.00**

	Applicable Deductions				
17	Federal income taxes paid *(W-2 box 2, Form 1099—federal income tax withheld box)*	$	$	$	$ 0.00
18	State income taxes paid *(W-2 box 17, Form 1099—State tax withheld box)*	$	$	$	$ 0.00
19	Local income taxes paid *(W-2 box 19)*	$	$	$	$ 0.00
20	Social Security taxes paid *(W-2 box 4)*	$	$	$	$ 0.00
21	**DEDUCTION TOTAL (Add lines 17 through 20)** +	$ **0.00**	$ **0.00**	$ **0.00**	$ **0.00**
22	**TOTAL INCOME (line 16 minus line 21)** −	$ **0.00**	$ **0.00**	$ **0.00**	$ **0.00**

What is 1/3 of your monthly income?

Take total amount from **line 22**: **$0.00** and divide (÷) that amount by 36 =	$ **0.00**

Is this amount more than the current rent you are paying? ☐ Yes ☐ No

If YES, you MAY NOT be eligible. However, you may continue with the application. If your application is denied, you may apply next year.

How to Complete the Initial Application

Section 1: Applicant Information

For the primary applicant, print your 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.
Use the check box to indicate if you or your spouse applied for SCRIE in the past.

Section 2: Tenant Representative Information

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

Section 3: Household Members and Income

You must list the total annual income for you (applicant) and all household members for 2016.

Applicant Income Information

- Use the income check boxes to indicate all sources of income. 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 2016, check the box provided and provide proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2016 or a statement from the Social Security Administration (SSA) stating no receipt of Social Security benefits for 2016.

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 2016 income for you and all household members.

Household Income Information

- Write the first and last name of the household members.
- Provide the date of birth, Social Security Number in the space provided.
- Provide each household member's relationship to you (applicant), for example, spouse, sibling, parent, daughter/son, granddaughter/grandson.
- Use the income check boxes to indicate all sources of income for household members. Indicate any other income, if applicable.
- Provide the total income from line 16 of the income worksheet.
- Provide the total applicable deduction from line 21 of the income worksheet.
- If you would like to certify that household member did not receive any income in 2016, 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 2016, full time student verification or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2016.

Section 4: Apartment Type Information

Indicate the type of qualifying apartment you reside in. Include all required documents for the applicable apartment type.

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 2016 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.

OFFICE USE ONLY: ☐ APPROVED ☐ DENIED ☐ PENDING

SCRIE Senior Citizen Rent Increase Exemption
INITIAL 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

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	HAVE YOU OR YOUR SPOUSE APPLIED FOR SCRIE IN THE PAST? ☐ Yes ☐ No	

2. TENANT REPRESENTATIVE INFORMATION

You can have copies of your notices sent to another person (in addition to you). Select a representative by completing the following:

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

NOTE: This application can only be used if submitted between 1/1/2017 and 12/31/2017.
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**.

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 *Pre-Qualifying Income Worksheet* 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

- ☐ Social Security Administration (SSA, SSDI, SSI)
- ☐ Veterans Benefits
- ☐ Wages
- ☐ Pension
- ☐ IRA/Annuity Earnings
- ☐ U.S. Postal Service Benefits
- ☐ Interest
- ☐ Capital Gains
- ☐ Public Assistance
- ☐ Rent paid to you by boarder(s): _____
- ☐ Business Income
- ☐ Workers' Compensation
- ☐ Other: _____

If you retired in the year 2016, please indicate retirement date: _____

TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	☐ I HAD NO INCOME IN 2016

Household Member #1:

NAME (FIRST, LAST)

DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT

INCOME SOURCES

- ☐ Social Security Administration (SSA, SSDI, SSI)
- ☐ Veterans Benefits
- ☐ Wages
- ☐ Pension
- ☐ IRA/Annuity Earnings
- ☐ U.S. Postal Service Benefits
- ☐ Interest
- ☐ Capital Gains
- ☐ Public Assistance
- ☐ Other: _____
- ☐ Business Income
- ☐ Workers' Compensation

TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	☐ THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

Household Member #2:

NAME (FIRST, LAST)

DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT

INCOME SOURCES

- ☐ Social Security Administration (SSA, SSDI, SSI)
- ☐ Veterans Benefits
- ☐ Wages
- ☐ Pension
- ☐ IRA/Annuity Earnings
- ☐ U.S. Postal Service Benefits
- ☐ Interest
- ☐ Capital Gains
- ☐ Public Assistance
- ☐ Other: _____
- ☐ Business Income
- ☐ Workers' Compensation

TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	☐ THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

4. APARTMENT TYPE (SELECT ONE)

☐ **Rent Stabilized**

If checked, please submit:

– Prior rent stabilized lease signed by both you and your landlord

– Current rent stabilized lease signed by both you and your landlord

– Any recent Major Capital Improvement (MCI) Orders issued by the Division of Housing and Community Renewal (DHCR)

– Preferential rent rider, if applicable

– Low Income Housing Tax Credit (LIHTC) rider, if applicable

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:

– Prior calendar year Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26

– Current calendar year Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26

– Prior calendar year Owner's Report and Certification of fuel cost adjustment Form RA33.10

– Current calendar year Owner's Report and Certification of fuel cost adjustment Form RA33.10

– Any recent Major Capital Improvement (MCI) Orders issued by the Division of Housing and Community Renewal (DHCR)

☐ **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 rents

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.

☐ Check this box if you authorize the NYC Department of Finance to use the most recent income tax return received from the Internal Revenue Service and the New York State Department of Taxation & Finance to process your application in lieu of submitting copies of those documents.

☐ Check this box if you authorize the NYC Department of Finance to release your information to other agencies for the purpose of determining your eligibility for other entitlements and benefits.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	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

** An additional form may be 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.

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 application?
- ☐ Include proof of your age?
- ☐ Include proof of rent?
  - ✓ **For Rent Stabilized Apartments:** Your prior and current lease signed by both you and your landlord? The lease must clearly state terms of either a one- or a two-year lease. If you have preferential rent please include the lease rider.
  - ✓ **For Rent Controlled Apartments:** A copy of the Notice of Maximum Collectible Rent (MCR Form No. RN-26) and the Certification of Fuel Cost Adjustment (Form No. RA33.10) for the prior and current year?
  - ✓ **For Rent Regulated Rooms and Hotels:** A rent increase letter signed by your landlord and a copy of the DHCR Rent History or DHCR apartment registration?
  - ✓ **For Major Capital Improvement (MCI):** The DHCR order granting MCI increase. Rent increases for new appliances (stove, refrigerator, etc.) are not covered by SCRIE.
- ☐ Did you include proof of income for ALL household members including yourself and co-tenants for 2016? Proof of income includes, but is 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 letter
  - Student status letter for any non-working students living in your household
  - Signed letter from a friend/family stating amount of monetary assistance

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.

Submit your application:

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

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.

NOTE: This application can only be used if submitted between 1/1/2017 and 12/31/2017.

You must send in all supporting documentation or your application cannot be processed.

Department of Finance

SCRIE Senior Citizen Rent Increase Exemption

RENT FREEZE APPLICATION
FREQUENTLY ASKED QUESTIONS (FAQs)

Please refer to these FAQs for assistance when completing your SCRIE application.

Please read but do not submit with your application

1. Who is eligible for SCRIE?

✓ To qualify for **SCRIE** you must be 62 years of age or older at the time that you apply.

✓ Your total household income (income received by you and ALL household members) cannot exceed $50,000.

✓ You pay more than one-third of your household monthly income in rent.
(NOTE: 1/3 of your monthly income cannot be more than the current rent that you are paying.)

✓ You must live in a rent regulated apartment (Rent Stabilized, Rent Control, or Rent Regulated Hotel).

AND

✓ Your name must be on the lease, Notice of Maximum Base Rent, or Rent Order as the primary applicant.

If your name is not on the lease, Notice of Maximum Base Rent, or Rent Order, you must provide proof of succession rights.

NOTE: You must send ALL required documents with your application. If you do not send ALL required documents, your application will be returned to you.

2. What can I do if I miss a deadline related to the SCRIE Program (Rent Freeze Program)?

If you needed more time to submit your application due to a disability or physical or mental impairment, you can request additional time. If you need help or have questions regarding a disability or requesting additional time, please call 311 and ask for the Department of Finance's Disability Service Facilitator; contact **nyc.gov/contactdofeeo**; or visit our office at 66 John Street, 3rd Floor, New York, N.Y., Monday to Friday, 8:30 a.m. to 4:30 p.m.

Even if you do not have a disability or physical or mental impairment, you may still qualify because of exceptional circumstances during the time to file your application. If you were hospitalized for a temporary medical condition, or your apartment was damaged by fire, flood, a natural catastrophe, or other exceptional circumstances occurred, you may submit a statement of the specific circumstances along with any documentation of your claim with your application. If you have any questions, please contact 311 or send us a message at **nyc.gov/contactscrie**.

3. Who is a tenant representative and how can they help me?

A **tenant representative** or **tenant rep** is any person you designate to receive a copy of all SCRIE notices sent to you and can assist you through the application process. Tenant representatives can be family members, friends, neighbors, or community organizations. Tenant representatives can also be anyone appointed guardianship by a court of law, such as group home leaders, attorneys, Managers of elder housing, nursing home facilities administrators, social services administrators, etc.

Having a tenant rep could possibly ease your concerns because he or she will receive important information about your application status and/or benefit. In the event that we cannot contact you, you did not receive a notice or you do not understand the notice sent to you, your tenant rep would be able to assist.

4. For the purpose of the Rent Freeze Program, who is considered a household member?

Household members are considered to be the primary applicant and any person who permanently resides in the apartment. A bona fide roomer, boarder or subtenant who is not related to the head of household is not considered a household member. You must list all members of the household on the application and disclose their income for the prior year (the year before you fill out your application). If any household members did not have income in the prior year, you must indicate it on the application and submit proof of no income.

5. Who is NOT considered a household member?

Boarders who have a rental agreement and pay rent to you are not considered household members. Family members are not considered boarders. *NOTE: boarders are not eligible for a benefit takeover.* You do not have to list boarders on your application; however you must disclose the amount of rent that is paid to you by submitting a letter from the boarder specifying how much money they pay you monthly. *DO NOT submit the income that the boarder received*.

6. If another household member already has SCRIE or DRIE, can another member apply for SCRIE or DRIE?

NO. The law does not permit a household to have SCRIE and DRIE at the same time.

7. What if I had household members last year but they do not live with me at the time I apply?

If the individual(s) lived in the household the year before you apply but do not currently live with you, there is no need to list them on your application nor is any information about their income required.

8. What happens if the primary benefit recipient passes away or has permanently moved into a nursing home?

If the primary benefit recipient passes away, has permanently moved into a nursing home or has otherwise permanently vacated the apartment, a household member who meets the eligibility criteria for the Rent Freeze Program, who has been listed on a previous application, and has been granted succession rights may qualify for a benefit takeover. A benefit takeover application should be filed within 6 months of the primary benefit recipient passing away or moving, or 90 days after the Department of Finance sends a revocation notice, whichever date is later.

If you are a remaining household member AND meet all the eligibility requirements for SCRIE, you must submit the following:

For yourself: A benefit takeover application AND

A lease reflecting you as the tenant of record or co-tenant OR

A letter from your building management specifying that you have succession rights to the apartment OR

A court order granting you succession rights to the apartment

For primary benefit recipient: Proof that the primary benefit recipient has passed away by providing a death certificate. For a primary benefit recipient who has permanently moved out of the apartment, proof may include a letter from a nursing home, a lease or letter from your landlord or managing agent, or federal, state or local government issued ID reflecting the new address.

9. How do I calculate my total household income?

Total annual household income equals your annual income plus the annual income of all household members. Total household income must be $50,000 or less after allowable deductions. Allowable deductions are Federal, State, Local, and Social Security taxes paid.

How do I determine 1/3 of my income?

Calculate your total annual household income and divide that by 36.

(See the *Income Worksheet* to determine your total annual household income.)

For example, if your annual household income is	then your monthly household income is	To qualify, your current monthly rent must be greater than
$15,000.00	$1,250.00	$416.67
$20,000.00	$1666.67	$555.56
$25,000.00	$2,083.33	$694.44
$30,000.00	$2,500.00	$833.33
$35,000.00	$2,916.67	$972.22
$40,000.00	$3,333.33	$1,111.11
$50,000.00	$4,166.67	$1,388.89

10. How is my frozen rent determined?

We freeze your rent either at your prior rent amount or 1/3 of your monthly income, whichever is greater.

11. If I did not qualify in prior years, can I reapply?

Yes. For example: If you did not qualify based on your 2015 income, and your 2016 income is less, you can reapply in 2017 and submit all required proof of income for 2016.

12. What if I am not able to physically sign the application?

A person with an authorized Power of Attorney (POA), court-appointed guardian, or other authorized representative may sign documents on behalf of the primary beneficiary. Please submit the power of attorney, court order or authorized representative form along with the application so that SCRIE can keep the information on file and ensure that copies of all SCRIE correspondence are sent to the POA or guardian or authorized representative.

13. What are applicable deductions?

Federal, State, City, and Social Security taxes paid are applicable deductions.

14. What is considered income that I must report to determine eligibility?

Below is a list of income sources that the SCRIE program considers. If you and your household members receive any income from any of these sources, you will have to enter this information on the *Income Worksheet* provided with the application and attach required proof of documentation as indicated.

– Social Security (SSA, SSI, SSDI)
(Attach copy of SSA-1099 or printout of SSI benefit award letter)

– Wages/Salaries/Tips
(Attach W-2's including self-employment)

– Business Income
(Attach Schedule C, S-Corp tax Return with K-1 or Partnership Tax Return)

– Taxable & Non-Taxable Interest
(Attach all 1099-INT & year-end statements for non-taxable interest)

– Taxable & Non-Taxable Dividends
(Attach all 1099-DIV and year end statements for non-taxable dividends)

– IRA Earnings
(Attach a copy of interest, dividends, or capital gains earned). DO NOT include the amount of your distribution.

– Pension, Annuities & Retirement Plans
(Attach 1099R statements and include taxable & non-taxable pensions)

– Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits
(Attach annual benefit statement)

– United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits
(Attach annual benefit statement)

– Capital Gains
(Include tax-deferred capital gain distributions statement from financial institution)

– Rental Income
(Received from all you own properties)

– Rent Received from boarder

– Rental Assistance (subsidy)

– Money received from family and/or friends for rent
(Attach letter stating who you receive money from and how much you receive)

– Disability/Workers' compensation payments/ Unemployment Insurance Benefits
(Attach award letter)

– Income from Estates or Trusts
(Attach the Estate or Trust's Income Tax Return)

– Alimony and/or Child Support Payments received by you
(Attach court order)

– Gambling/Lottery Winnings *(Attach 1099-MISC)*

– Public Assistance and/or Other sources of income
(Attach proof)

– Cancellation of Debt

15. What income is excluded from determining eligibility that you do not have to report?

– Cash gifts

– Inheritance

– Damages awarded from a personal injury lawsuit

– Energy assistance payments

– Income tax refunds

– IRA Rollovers
(IRAs rolled over into other retirement accounts)

– Supplemental Nutrition Assistance Program (SNAP) benefits also formerly known as the Food Stamp Program

16. What if you or a household member did not have income for the prior year?

Below is a list of documents that we will accept if you report that you and/or any household member did not have any income during the prior calendar year:

✓ Verification of IRS Non-Filing letter OR

✓ Full time student verification letter OR

✓ A letter from the Social Security Administration indicating that you did not receive benefits during 2016

17. What Social Security documents are acceptable as proof of income?

✓ The best proof is an SSA–1099 Form for the year prior to the one that you are applying. For example: if you are applying in 2017, you must submit an SSA–1099 Form for 2016.

✓ If you are receiving SSI benefits, please provide a letter from Social Security which provides a summary of your SSI payments for the prior year.

18. I permanently retired within the prior year and my income is not the same this year. What income information do I need to submit?

You must submit your total income for the prior year including your wages, retirement income, and a letter from your former employer indicating your date of retirement. We will project your retirement income over 12 months.

19. Is my apartment eligible?

Your apartment must be a Rent Stabilized, Rent Controlled, or Rent Demand/Single Room Occupancy (SRO).

If you live in a Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative, the SCRIE program is administered by the Department of Housing Preservation and Development (HPD) at 100 Gold Street, Room 7M, New York, NY 10038. For SCRIE Mitchell-Lama applications and more information from HPD, call 212-863-8494 or visit **nyc.gov/hpd**.

20. What apartment types are not eligible?

If your apartment is non rent regulated (fair market rent), you are not eligible.

If your apartment is a non rent regulated cooperative, you are not eligible.

If your apartment is Mitchell-Lama, you are not eligible to apply for SCRIE through the Department of Finance. Please contact the Department of Housing Preservation and Development (HPD at 100 Gold Street, Room 7M, New York, NY 10038. For SCRIE Mitchell-Lama applications and more information from HPD, call 212-863-8494 or visit **nyc.gov/hpd**.

If you are receiving a Section 8 subsidy, you are not eligible.

If you live in a 1, 2, or 3 family home, you are not eligible.

If you have a sublease, you are not eligible.

If you live in an apartment in a NYCHA development, you are not eligible.

If you live outside of Manhattan, the Bronx, Brooklyn, Queens, or Staten Island, you are not eligible.

21. What documentation must I submit for proof that my apartment is rent regulated?

For Rent Stabilized: You must submit your current lease (the lease that you are in at the time that you apply) and your prior lease (the lease that expired before your current lease began). The leases must be signed by you and your landlord.

For Rent Controlled Tenants: You must submit your current and prior Notice of Maximum Collectible Rent (Form RN-26) along with your current and prior Owner's report and certification of fuel cost adjustment also known as fuel cost adjustment form (Form RA33.10).

For Tenants In Rent Regulated Hotels, Single Room Occupancy Unit (SRO): You must submit a rent increase letter signed by your landlord and a copy of the DHCR Rent History or DHCR apartment registration.

22. I have a preferential rent; will my rent be frozen at that amount?

YES. If you have a rider signed by both you and your landlord indicating that the preferential rent will be for the lifetime of the tenancy.

NOTE: If the preferential rent is "temporary" or for the current lease term only, your rent will be frozen at the legal (prior) rent amount.

23. If I live in an apartment that is receiving a Low Income Housing Tax Credit (LIHTC), will my rent be frozen at the lower amount?

YES. If you live in an apartment that is receiving a Low Income Housing Tax Credit (LIHTC) you will need to submit the LIHTC rent rider with your application.

NOTE: If the LIHTC rider is not received with your application, your rent will be frozen at the legal (prior) rent amount.

24. I have Major Capital Improvement (MCI) charges, will SCRIE pay for this?

YES. If the Major Capital Improvement (MCI) Order was issued within 90 days of your application date, Finance will pick up the increase.

NOTE: If the Major Capital Improvement (MCI) Order was issued more than 90 days before you submitted your application, you will be responsible for paying the MCI increase. The MCI will be added to your frozen rent amount.

25. Who can I contact if I have questions regarding my benefit or application process?

If you have access to a computer, you can submit an inquiry on the Department of Finance website by visiting **nyc.gov/contactscrie** for questions about SCRIE. You may also call 311 or visit our Walk-In Center at:
66 John Street, 3rd Floor
New York, NY, 10038
Hours of Operation: Monday–Friday, 8:30 a.m.– 4:30 p.m.

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**.

26. Who can I contact if I do not understand a decision that was made regarding my application or benefit?

All Rent Freeze Program applicants who have received an official exemption approval, denial, or revocation notice have the right to get help resolving concerns with their SCRIE/DRIE application and benefit. The SCRIE/DRIE Ombudsperson can identify and resolve issues with your application or benefit after you have completed the application process. You may contact them by visiting the DOF website at **nyc.gov/contactscrieombuds** for help with SCRIE or **nyc.gov/contact-drieombuds** for help with DRIE.

27. How can I obtain forms?

All forms can be downloaded by visiting our website at **nyc.gov/rentfreeze**. Forms are also available in our Walk-In Center. You can also request a form to be mailed to you by calling 311.

28. What can I do if I have any issues regarding my lease or to dispute my legal rent amount?

For lease inquiries, to resolve rent disputes, or to file a complaint because your landlord has not provided a lease, tenants can contact the Division of Housing and Community Renewal (DHCR). DHCR can be contacted:

In Person: Gertz Plaza, 92-31 Union Hall Street, Jamaica, New York 11433

By Phone: 718-739-6400

By Email: RentInfo@nyshcr.org