

How to Complete this 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 add your 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 2015.

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 2015, check the box provided.

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 2015 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 the listed household member did not receive any income in 2015, check the box provided.

Section 4: Rent Information

Indicate if your landlord has provided you with Forms RN-26 and Form RA33.10 for 2015.

Indicate if your landlord has provided you with Forms RN-26 and Form RA33.10 for 2016.

Indicate if your rent increased due to a Major Capital Improvement (MCI) in your building. If applicable, provide a copy of the Division of Homes and Community Renewal (DHCR) approval order with your application. Your landlord should provide you with the DHCR approval order. Examples of major capital improvements may be new elevators, roof repair, courtyard improvement, etc. If your rent did not increase due to a major capital improvement, indicate so by checking no.

Section 5: Certification

After reading the certification, sign it, print your name and write the date in the spaces provided. Review your application and ensure that all questions are answered. If applicable, provide a copy of your 2015 and 2016 Form RN-26 and Form RA33.10 and any MCI approval orders.

Mail your application to:

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

SCRIE Senior Citizen Rent Increase Exemption
RENT CONTROLLED 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
------	---------------------

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

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		

SCRIE Senior Citizen Rent Increase Exemption RENT CONTROLLED 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 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)		
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: _____	
<input type="checkbox"/> Rent paid to you by boarder(s): _____		
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> I had no income in 2015

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"/> Interest
<input type="checkbox"/> Business Income	<input type="checkbox"/> Other: _____	
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> This household member had no income in 2015

SCRIE Senior Citizen Rent Increase Exemption RENT CONTROLLED RENEWAL APPLICATION

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"/> Interest
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Business Income			
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> This household member had no income in 2015	

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

4. RENT INFORMATION

If available, you must submit a Notice of Maximum Collectible Rent (Form RN-26) for 2015 and 2016 and an Owner's Report and Certification of Fuel Cost Adjustment (Form RA33.10) for 2015 and 2016. If you have not received these two forms yet, submit your renewal application with your household income information for processing. Submit the additional forms once available.

- Has your landlord provided you with forms RN-26 and Form RA33.10 for 2015? Yes No
- Has your landlord provided you with forms RN-26 and Form RA33.10 for 2016? Yes No
- Was your rent increased due to a major capital improvement (MCI)? Yes No

IF yes, submit the DHCR approval order provided by your landlord

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

SCRIE Senior Citizen Rent Increase Exemption RENT CONTROLLED RENEWAL APPLICATION

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. I authorize the Department of Finance to review my state and federal tax returns to verify my income. I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements and benefits and I may be asked to provide proof of my household income upon request.

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. Such 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. Such 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 Certification section on the prior page?
- Include proof of income for ALL household members including yourself for 2015? 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
- If available, include a copy of the 2015 and 2016 Form RN-26 and Form RA33.10?
- If applicable, include a copy of the DHCR approval order for any Major Capital Improvements (MCI)?

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.