



# SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) APARTMENT BENEFIT TRANSFER APPLICATION

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 application if you have moved and would like to have your SCRIE benefit transferred to your new apartment. Please note that even if you qualify to transfer your SCRIE benefit, your frozen rent amount may change depending on your new apartment's legal rent. To qualify to have the SCRIE exemption from your old apartment transferred to your new apartment, you must:

- Currently be receiving SCRIE and continue to meet SCRIE eligibility criteria, and
- Have moved to a new unit/apartment that is rent stabilized, rent controlled or a rent regulated room or hotel. You must file this application if you move within the same building or to another building.

If you are applying for SCRIE for the first time, do not complete this application. For further information or instructions please visit [www.nyc.gov/scrie](http://www.nyc.gov/scrie). You may also contact 311 or visit [nyc.gov/contactscrie](http://nyc.gov/contactscrie).

## SECTION 2 - TENANT NEW APARTMENT INFORMATION

Please indicate the address of the apartment to which you recently moved.

1. Name of tenant: a. \_\_\_\_\_ b. \_\_\_\_\_  
FIRST NAME LAST NAME

2. Tenant Docket Number: \_\_\_\_\_

3. Tenant's New Address: \_\_\_\_\_ 4. \_\_\_\_\_ 5. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

6. City: \_\_\_\_\_ 7. State: \_\_\_\_\_ 8. Zip Code: \_\_\_\_\_

9. Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ 10. Email Address: \_\_\_\_\_

## SECTION 3 - TENANT PREVIOUS APARTMENT INFORMATION

Please indicate the address from which you recently moved and where you were receiving SCRIE.

11. Tenant's Previous Address: \_\_\_\_\_ 12. \_\_\_\_\_ 13. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

14. City: \_\_\_\_\_ 15. State: \_\_\_\_\_ 16. Zip Code: \_\_\_\_\_

## SECTION 4 - RENTAL INFORMATION REGARDING NEW APARTMENT

17. Date moved into new apartment: \_\_\_\_/\_\_\_\_/\_\_\_\_ 18. Monthly rent paid in new apartment: \$ \_\_\_\_\_

19. Apartment Type:  
 Rent Stabilized     Rent Control     Rent Regulated Room or Hotel     Other: \_\_\_\_\_

20. The dates on the lease for new apartment (if rent stabilized): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

21. Number of rooms in apartment: \_\_\_\_\_ 22. Number of windows in apartment: \_\_\_\_\_

## SECTION 5 - TENANT REPRESENTATIVE

You can have copies of your SCRIE notices sent to another person (in addition to you). You may already have identified your representative during your initial or renewal process. If you would like to change your representative, please complete the fields below. If you have no changes, please leave the fields blank.

23. Name of Representative: \_\_\_\_\_ 24. Email Address: \_\_\_\_\_

25. Address: \_\_\_\_\_ 26. \_\_\_\_\_ 27. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

28. City: \_\_\_\_\_ 29. Zip Code: \_\_\_\_\_ 30. Telephone: (\_\_\_\_\_) \_\_\_\_\_

<b>SECTION 6 - HOUSEHOLD MEMBERS AND INCOME</b>							
Please list the income for the previous calendar year for all household members.							
HOUSEHOLD MEMBERS	SOCIAL SECURITY INCOME	SSI	PENSION	WAGES	INTEREST & DIVIDENDS	PUBLIC ASSISTANCE	OTHER INCOME
<b>SELF</b>							
<b>NAME:</b>							
<b>DATE OF BIRTH:</b>							
<b>SSN:</b>							
<b>NAME:</b>							
<b>DATE OF BIRTH:</b>							
<b>SSN:</b>							
<b>If there are more than 3 household members, please provide information on a separate sheet.</b>							

**SECTION 7 - CERTIFICATION**

I hereby affirm under penalties provided by law that I currently reside at this address and have examined this application and the accompanying documents, and, to the best of my knowledge and belief, the information provided herein is true, correct and complete.

I understand and agree that if I fail to disclose all household income, including income of tenants (family or non-family) or any changes to the number of household residents, I may be held responsible to repay the City the full amount of any SCRIE benefits received improperly plus any interest charges.

I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements or benefits. I authorize the Department of Finance to review my state and federal income tax returns to verify my income.

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SIGNATURE OF TENANT \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

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 gives written authorization to the Department of Finance.

- STOP! Final Checklist Before You Mail!**
- Did you complete all questions on the application?
  - Did you sign and date the application?
  - Did you include proof of income for **all** household members for the calendar year prior to the application?
  - For Rent Stabilized Apartments:* Did you include a copy of the lease for your **new** apartment signed by both you and your landlord? Please note: The lease must clearly state lease terms of either one or two years.
  - For Rent Control Apartments:* Did you include a copy of the Notice of Maximum Collectible Rent (Form No. RN-26) and the Certification Fuel Cost Adjustment (Form No. RA33.10) for the current year for the **new** apartment?
  - For Rent Regulated Rooms and Hotels:* Did you include a copy of a letter signed by your landlord indicating the amount of rent in the **new** apartment **and** a copy of the DHCR Rent History or DHCR apartment registration?

**GENERAL INFORMATION AND ASSISTANCE**

If you need help or have questions please contact 311 or visit [nyc.gov/contactscrie](http://nyc.gov/contactscrie).  
 You can visit our SCRIE office at 66 John Street, 3rd floor, New York, NY.  
 We are open Monday through Friday, between 8:30 AM and 4:30 PM.