



# 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: (\_\_\_\_\_) \_\_\_\_\_

