



SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)
LANDLORD/MANAGING AGENT NOTIFICATION OF
TENANT'S INELIGIBILITY FOR SCRIE

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 - INSTRUCTIONS FOR USE OF THIS FORM

Use this form if you are the landlord/managing agents of SCRIE tenants who are no longer eligible to receive SCRIE due to:

- Death
• Move
• Approval for other housing benefits, OR
• If you suspect the tenants are receiving benefits to which they are not entitled

Please complete the information requested and submit within 30 (thirty) days of becoming aware of tenant's ineligibility.

SECTION 2 - APPLICANT INFORMATION

1. SCRIE Docket #: _____
2. Name of Landlord, Managing Agent: a. _____ FIRST NAME b. _____ LAST NAME
3. Company Name: _____
4. Borough: _____ Block: _____ Lot: _____
5. Daytime Phone Number: (____) _____ Extension: _____
6. Email Address: _____
7. Name of Tenant: a. _____ FIRST NAME b. _____ LAST NAME
8. Property Address: _____ NUMBER _____ STREET NAME _____ APARTMENT NUMBER
_____ CITY _____ STATE _____ ZIP CODE

9. I request revocation of the above mentioned tenant from the SCRIE program based on (choose reason below):

- It was reported to me that the Tenant passed away on ____/____/____ MM DD YYYY
 Tenant vacated the apartment and moved on ____/____/____ MM DD YYYY
 Tenant approved for other housing benefits as of ____/____/____ MM DD YYYY (Please attach copy of approval notice)
 Tenant is not entitled to receive SCRIE benefits as of ____/____/____ MM DD YYYY (Please attach a letter and any supporting documents explaining why the tenant is not eligible or entitled to SCRIE)

SECTION 3 - CERTIFICATION

I understand that I may be debited any TAC (Tax Abatement Credit) issued to this property after the date of death, move, date receiving other housing benefit or date tenant was found to be ineligible and may now have charges due on my property tax bill for those tax periods previously satisfied.

I affirm that the above facts are true and are given to the NYC Dept of Finance, SCRIE Program to determine the effective date of the revocation of said SCRIE recipient's benefits.