



**SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)
REDETERMINATION 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 to apply for a redetermination of your SCRIE frozen rent amount because you have experienced a permanent loss of 20% or more of your combined household income as compared to the income you reported in your last approved SCRIE application. You must meet the requirements below in order to have your frozen rent reduced:

- You must be listed as the SCRIE primary tenant*;
- You must present proof that you have sustained a loss of 20% or more of your combined household income as reported in your last approved SCRIE application, due to the death **OR** permanent move to a nursing home of a household member **OR** if a household member has permanently left the household. If you believe you have sustained a permanent loss of income for any other reason not listed above you can submit this form along with documented proof.
- You must present a death certificate or letter from a nursing home indicating move is permanent, **OR**
- You must present proof of legal separation or divorce, or an affidavit attesting to the fact that the household member has **permanently** moved or left the household along with proof of residency for household member that has moved or left household (i.e. lease, State ID or Utility bill with new address).

*If you are not in our records as the primary SCRIE tenant, but have been listed as a household member, and the primary tenant has passed away or moved permanently to a nursing home, you must also complete a Benefit Takeover Application.
 For further information or instructions, please visit nyc.gov/SCRIE, contact 311 or visit nyc.gov/contactscrie.

SECTION 2 - APPLICANT INFORMATION

1. Name of tenant: a. _____ b. _____
FIRST NAME LAST NAME

2. Tenant Docket Number: _____

3. Address: _____ 4. _____ 5. Apt. #: _____
NUMBER STREET NAME

6. City: _____ 7. State: _____ 8. Zip Code: _____

9. Daytime Phone Number: (_____) _____ 10. Email Address: _____

SECTION 3 - INFORMATION FOR HOUSEHOLD MEMBER WHO PASSED AWAY OR HAS PERMANENTLY MOVED TO NURSING HOME

11. Name: _____ 12. _____
FIRST NAME LAST NAME

13. Did household member pass away, move or leave the home? _____ 14. Date of Death: _____ **OR** Date permanently moved or left household: _____


SECTION 4 - 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.

16. Name of Representative: _____ 17. Email Address: _____

18. Address: _____ 19. _____ 20. Apt. #: _____
NUMBER STREET NAME

21. City: _____ 22. Zip Code: _____ 23. Telephone: (_____) _____

SECTION 5 - HOUSEHOLD MEMBERS AND INCOME - Including household member who has passed away or moved							
Please list the income for the previous calendar year for all household members, including yourself and the household member who passed away							
HOUSEHOLD MEMBERS	SOCIAL SECURITY INCOME	SSI	PENSION	WAGES	INTEREST & DIVIDENDS	PUBLIC ASSISTANCE	OTHER INCOME
SELF 							
NAME:							
DATE OF BIRTH:							
SSN:							
NAME:							
DATE OF BIRTH:							
SSN:							
If there are more than 3 household members, please provide information on a separate sheet.							

SECTION 6 - 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.

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 a Copy of Death Certificate, if applicable?
- Did you include a letter from the Nursing Home stating that the stay will be permanent, if applicable?
- Did you include a proof of legal separation or proof of divorce or affidavit attesting to the fact that the household member has permanently left household along with proof of residency for household member that has moved or left household (i.e. lease, State ID or Utility bill with new address)?
- Did you include proof of income for the calendar year **prior** to the application for **all** household members? Don't forget to include the income for any household member that passed away or moved.
- Did you include documents with an explanation as to why you believe you qualify for a redetermination?

GENERAL INFORMATION AND ASSISTANCE

If you need help or have questions please contact 311 or visit 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.