Instructions: Use this form if you are presently receiving a SCRIE benefit and wish to apply for an adjustment to the TAC amount due to a Maximum Collectible Rent (MCR) increase, fuel cost adjustment, MCI increase, J-51 reduction or a rent discrepancy (i.e. Casado v. Markus, lease adjustment, preferential rent, etc.). Mail this completed application with supporting documentation to: NYC Department of Finance, Attn: Rent Freeze Program - SCRIE, P.O. Box 3179, Union, NJ 07083

SECTION 1 - APPLICANT INFORMATION

1. Name of Tenant: 
   a. ___________________________________________ 
   b. ___________________________________________
   FIRST NAME LAST NAME
   NUMBER STREET NAME
6. Daytime Phone Number: (____) ____________________ 8. Email Address: ___________________________________
7. SCRIE Docket #: __________________________________

SECTION 2 - EXEMPTIBLE INCREASE

FCA, MCR, MCI and J-51 Increases must be approved by DHCR. The following is a list of some increases that are not covered by SCRIE: doormen, maid service, air conditioning, painting, garages, parking, storage facility and security deposits. Please check reason for the adjustment below and attach the corresponding DHCR Order(s)/Increase Document(s). If the adjustment is not for any of the DHCR approved increases but is due to a rent discrepancy or other reason (i.e. Casado v. Markus, lease adjustment, preferential rent, etc.), please check other below and attach a detailed explanation as to why you believe the TAC must be adjusted. Please note: SCRIE does not honor preferential rent unless the lease rider specifically states that the preferential rent is for the lifetime of the tenancy or if the tenant resides in a Lower Income Housing Tax Credit (LIHTC) apartment.

10. Reason for Adjustment (check one):
   ☐ MCR/FCA ☐ MCI ☐ J-51 ☐ Preferential Rent ☐ Other (Explain) ________________

SECTION 3 - CERTIFICATION

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this application null and void.

Signature of Tenant ___________________________ Date ____________

Signature of Preparer (If other than applicant) ___________________________ Date ____________

DID YOU REMEMBER TO:

✓ Sign Your Application?
✓ Check the Reason for Adjustment?
✓ Attach DHCR Approved Order(s)/Supporting and/or increase documents?

GENERAL INFORMATION AND ASSISTANCE

For further information and instructions or if you have questions please contact 311 or visit nyc.gov/contactscrie or you can visit our SCRIE office at 66 John Street, 3rd Floor, New York, N.Y. We are open Monday through Friday, between 8:30 AM and 4:30 PM.