Department of
Housing Preservation
& Development

CAPITAL ASSESSMENT or VOLUNTARY CAPITAL CONTRIBUTION EXEMPTION APPLICATION

Application for Assessment or Contribution which became effective on _____(Date)

PART A: GENERAL INFORMATION

Name of Development_____

Name of Head of Household_____

Address_____Apt. # _____

Telephone # (____)_____ Emergency Contact Name & Telephone #(____)_____

Number in Household_____ Date Moved into Apartment_____

PART B : HOUSEHOLD INFORMATION **(List *all* persons living in household at the time of the capital assessment or voluntary contribution)**

	Name	Relationship	Date of Birth (Attach Proof)	Social Security Number
1		Self		
2				
3				
4				

PART C: INCOME INFORMATION

(Supply proof of all income. List below gross Social Security one month prior to increase multiplied by 12; all other income one calendar year prior to increase. If any household member retired prior to effective date, proof must be attached.)

	Name	Social Security	SSI	Pension	Wages	Interest	Public Assistance	Other
1								
2								
3								
4								
	Total							

PART D: ALLOWED DEDUCTION

Did you or any occupant in your household file a federal, state or city income tax return for the calendar year prior to the effective date? Yes: □ No: □ (Attach copy of Tax Return and Proof of Social Security Tax Paid)

	Name	Amount of Tax Paid
1	Self	
2		
3		
4		

PART E: AFFIRMATION

I understand that this application is subject to verification and that I may be required to provide documentation or other evidence in support of the application. I declare that the statements made are true, correct and complete to the best of my knowledge. I understand that misrepresentation hereof may be cause for termination of my occupancy and such other penalties as may be provided by law.

_____ _____

Signature of Head of Household Date

OFFICIAL USE ONLY ---- DO NOT WRITE BELOW THIS LINE

Project No.	Bldg. No.	# of Rooms	Effective Date	Assessment Amount $	# of Shares

Monthly Utilities:	Current Rent $	Prior Rent $	Total Income $
As of Increase $	- Utilities x Room $	- Utilities x Room $	- Taxes $
Prior to Increase $	= Billable $	= Base $	= Adjust. Total $

Base Rent $
One-third of Income $
Payable Rent (higher amt.) $

SEE INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS FOR FILING APPLICATION FOR SCRIE CAPITAL ASSESSMENT OR VOLUNTARY CAPITAL CONTRIBUTION EXEMPTION

The SCRIE Capital Assessment or Voluntary Capital Contribution Exemption law provides for exemptions from capital assessments or voluntary capital contributions for low income senior citizens living in the City of New York in a cooperative housing development developed under Article II, IV, V, or XI of the Private Housing Finance Law.

ELIGIBILITY

You are eligible for an exemption if you met the following conditions on the effective date of the assessment or contribution:

- You (or your spouse) lived in the development;
- You (or your spouse) were the head of the household;
- You (or your spouse) were 62 years of age or older;
- The total household income did not exceed $50,000 for assessments/contributions effective July 1, 2014 thru June 30, 2015 (Household income for **all** persons living in household).
- Your annual basic carrying charge was more than or equal to one-third of your total annual household income. Any portion of your carrying charge that is for utility costs, or other fees and charges, are not considered part of your base carrying charge.
- You are **NOT** on any other rent/carrying charge assisted program (**e.g. Sect.8, SCHE, DRIE, RAP).**

If you meet all the above conditions, complete the attached application.

GENERAL INSTRUCTIONS

Read all instructions carefully before filling out application. Please print with a ballpoint pen or use a typewriter.

1. All of the financial information required is for the calendar year immediately ***PRIOR*** to the year in which the assessment or contribution became effective (January through December).

   There are two exceptions:

   a) If you (or your spouse) are on Social Security, take the gross Social Security amount for the month prior to the effective date and multiply that number by 12 (including Medicare benefits).

   b) If you (or your spouse) retired, please provide proof, including the date of retirement.

2. You must attach proof of age and income to this application.

   Proof of Social Security benefits may be obtained from your local Social Security office. If a tax return had been filed, please supply a copy of the **FEDERAL** tax return. Proof of interest, dividends, pension wages, SSI, etc. must also be attached. If you are a public assistance recipient, we require proof of public assistance received.

APPLICATION PROCEDURE

PART A. Please complete top portion of application.

PART B. List each member of the household by name, date of birth and social security number.

PART C. All income declared is for the calendar year prior to the effective date.
EXCEPTION Social Security income is the gross amount one month prior to the effective date multiplied by 12.

PART D. Indicate if a tax return was filed one calendar year prior to the effective date. Enter the total of all Federal, State, City Income taxes and Social Security taxes actually paid by everyone listed. Attach proof. (Refunded taxes are not to be included.)

PART E. Read carefully, sign and date.

NOTE: Mail all applications directly to:

SCRIE UNIT
New York City Department of Housing Preservation and Development
Division of Housing Supervision
100 Gold Street, 7th floor
New York, New York, 10038

If you have any questions, please call (212) 863-8494

You will be notified as to whether or not you are eligible for this program. If you are eligible for an exemption from the capital assessment or voluntary capital contribution, you will receive a letter notifying you of the amount subsidized by the SCRIE Program.