



Department of  
Housing Preservation  
& Development

# SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE)

Application for Rent Increase/Carrying Charge which became effective on \_\_\_\_\_ (Date)

## PART A: GENERAL INFORMATION

Name of Development \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Name of Head of Household \_\_\_\_\_

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 rent/carrying charge increase)

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

## PART C: INCOME INFORMATION

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:**

If yes, attach copy of each occupant's tax return or tax transcript and proof of social security, if applicable. If no, provide a non-filing verification letter from the IRS for each occupant. Proof of income for each occupant in your household MUST be provided for the application to be processed. If applicable, please provide proof of your social security, SSI, SSP, pension(s), wages, interest, public assistance, and any additional income. For more details, please review the back of this application.

## PART D: AFFIRMATION (Application MUST be signed and dated to be processed.)

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.	Unit No.	Effective Date	# of Rooms	Reject
Monthly Utilities:	Current Rent \$	Prior Rent \$	Total Income \$	Base Rent \$	
As of Increase \$	- Utilities x Room \$	- Utilities x Room \$	- Taxes \$	One-third of Income \$	
Prior to Increase \$	= Billable \$	= Base \$	= Adjust. Total \$	Payable Rent (higher amt.) \$	

**SEE INSTRUCTIONS ON REVERSE SIDE**

# INSTRUCTIONS FOR FILING A SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) APPLICATION

The SCRIE law provides for exemptions from basic rent/carrying charge increases for low income senior citizens living in the following types of developments: City or State Limited Profit, Limited Dividend, Redevelopment, Housing Development Fund and 213 Cooperative Housing Companies.

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## ELIGIBILITY

You are eligible for an exemption if you met the following conditions on the effective date of the rent/carrying charge increase:

- You (or your spouse) lived in the apartment;
- 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 increases effective July 1, 2014 (Household Income for **all** persons living in household);
- Your monthly basic rent/carrying charge was more than or equal to one-third of your total annual household income. Any portion of your rent/carrying charge that is for utility costs or other fees or charges, are not considered part of your base rent/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 application on the front side.

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## SUPPORTING DOCUMENTATION

**\*\***The below supporting documentation must be provided for **ALL persons living in the household**, if applicable. All financial information required is for the calendar year immediately **PRIOR** to the year in which the increase became effective (January through December). (Example: If the rent increase is effective January 1, 2021, provide 2020 financial information)

- Current year social security award letter
  - Proof of age (government issued driver's license, ID, passport, or birth certificate)
  - Federal OR New York State tax return with ALL schedules or tax transcript. If you did not file taxes, provide a non-filing verification letter from the IRS for each occupant in the household
  - 1099-R form for all pension(s) held
  - November and December bank statements to verify SSI and SSP
  - Proof of public assistance or unemployment, if applicable
  - Retirement letter, if applicable
- 

## SUBMIT APPLICATION:

Mail applications directly to:

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

OR

Email applications directly to:

[SCRIE@hpd.nyc.gov](mailto:SCRIE@hpd.nyc.gov)

**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 rent/carrying charge increase, you will receive a letter notifying you of the amount subsidized by the SCRIE Program.

**The effective date of a subsidy for applications received more than 120 days from the date of an increase, shall be the first day of the month following the date of receipt of the application.**