



**APPLICATION FOR SENIOR CITIZEN OR DISABILITY RENT INCREASE EXEMPTION**

**Mail to: Westchester District Rent Office, 75 South Broadway, 3rd Floor, White Plains, N.Y. 10601**

**THIS FORM IS FOR APPLICANTS IN NASSAU AND WESTCHESTER COUNTIES**

**NOTE: FILING AND DOCUMENTATION REQUIREMENTS**

- You must provide proof of age and income, sign the application, and attach copies of signed current leases, DHCR rent increase orders or other evidence of lawful rent increases.
- See the attached instructions for more information.
- Transfer applicants must submit the application within six (6) months of the SCRIE/DRIE beneficiary's death or permanent move or within ninety (90) days of the date of this notice.

**SECTION A - APPLICANT INFORMATION (please print, using blue or black ink)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

P.O. Box (If applicable) : \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

1. I am applying for: (check one only) SCRIE  or DRIE
2. This is an Initial Application  or A Recertification Application  or a Transfer Applicant
- 2a. Complete this line only if you are a Transfer applicant.  
 Is the household member deceased  or permanently vacated the household  Date: \_\_\_\_\_
3. Are you currently receiving any other housing subsidy?  
 Yes  or No  If yes, attach certificate.

**Note: Holders of Section 8 certificates are not eligible to apply**

**SECTION B - TENANT REPRESENTATIVE**

Name: \_\_\_\_\_ Organization: (If Applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_

**SECTION C - BUILDING OWNER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_

**MANAGING AGENT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_

**SECTION D - RENTAL AND BUILDING INFORMATION**

Apartment is:  Rent Stabilized  Rent Controlled

Date Your Occupancy Began: \_\_\_\_\_

Rent increase is for:  2-yr renewal lease  Building Improvement (MCI)  Rent Control  Other

Current Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Prior Lease Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

My apartment has: # \_\_\_\_\_ rooms. (DHCR will verify by reviewing records on file).

**If this is a recertification application and there are new household members you must identify them and submit proof of income and deductions in Section E, F, and G.**

**If this is a transfer application indicate in Section E1 your relationship to the SCRIE/DRIE tenant of record.**

**SECTION E - HOUSEHOLD INFORMATION (List all individuals living in household)**

	Name	Relationship	Date of Birth	Social Security Number
1.		Self /	__ / __ / __	__ - __ / __ / ____
2.			__ / __ / __	__ - __ / __ / ____
3.			__ / __ / __	__ - __ / __ / ____

**SECTION F - INCOME FOR CALENDAR YEAR PRIOR TO APPLICATION ( Enter annual amounts)**

Name	Social Security Income	SSI/SSDI	Pension	Wages	Interest & Dividends	Public Assistance	Other	Total
1. Self	\$							
2.								
3.								
Sub Total								

**SECTION G - ALLOWABLE DEDUCTIONS**

Name	Federal Taxes \$	State and Local Taxes	Social Security Taxes	Total
1.				
2.				
3.				
Sub Total				

**SECTION H - CERTIFICATION**

Please review your application to ensure you have answered all questions (and **attached all required documentation.**) Failure to do so may delay the processing of your application.

I hereby affirm under penalties provided by law that I 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), I may be held responsible to repay the municipality the full amount of any SCRIE/DRIE benefits received improperly plus any interest charges.

I authorize the DHCR to review my state and federal income tax returns to verify my income.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer (If other than applicant)

\_\_\_\_\_  
Date

**Did you Remember to:**

**Sign Your Application?**

**Attach copies of your signed current and prior leases or rent orders?**

**Attach proof of date of birth and identity?**

**Attach income documentation?**

**Attach documents to support a Transfer Application?**

**For information regarding this and any other services, call (914) 948-4434**