



State of New York
Division of Housing and Community Renewal
 Office of Rent Administration
 Website: www.hcr.ny.gov

Westchester County
 District Rent Office
 75 South Broadway, 3rd Floor
 White Plains, NY 10601

Docket Number:

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

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)

Name: _____ Init.: _____
 Address: _____ Apt.: _____
 City: _____ Zip Code: _____ P.O. Box (if applicable): _____
 Telephone: _____ Email address: _____

- I am applying for: (check one only) SCRIE or DRIE
- 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: _____
- 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 Code: _____
 Telephone: _____
 Email address: _____

MANAGING AGENT

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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 Sections 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.									
Subtotal									

SECTION G - ALLOWABLE DEDUCTIONS

	Name	Federal Taxes	State and Local Taxes	Social Security Taxes	Total
1.					
2.					
3.					
Subtotal					

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.