



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

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

ELIGIBILITY REQUIREMENTS

The Rent Increase Exemption Program provides an exemption from rent increases to Westchester or Nassau tenants:

- Who are 62 years of age or older or disabled (see definitions)
- Who live in a rent-regulated apartment
- Whose annual household income qualifies (see Definition of maximum income)
- Whose rent has been increased and represents more than one third (1/3) of the total household income

Tenants who live in private homes, Public Housing Authority Residences or receive Section 8 rental subsidies do not qualify for this benefit.

• **Definition of Disability** - Eligibility requires that such tenant is a recipient (or former recipient, as described below) of benefits from any of the following programs:

- a) Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) under the Federal Social Security Act;
- b) Disability Pension or Disability Compensation benefits as provided by the United States Department of Veteran Affairs; or
- c) Medical Assistance benefits pursuant to NY State Social Law, and a former recipient of SSDI or SSI benefits.

• **Definition of Maximum Income**

Westchester County

Rent Increase Exemption Applicant's Annual Maximum Income Level

The following municipalities have adopted the Senior Citizen Rent Income Exemption (SCRIE) program pursuant to the provisions of the Emergency Tenant Protection Act (ETPA) and the Rent and Eviction Regulations (RER). An asterisk (*) preceeding a municipality indicates it has also adopted the Disability Rent Increase Exemption (DRIE) program.

<u>Municipality:</u>	<u>Maximum Income:</u>
* Village of Dobbs Ferry	\$29,000.00
* Town of Greenburgh	\$29,000.00
Village of Hastings on Hudson	\$24,000.00
Village of Irvington	\$20,000.00
Village of Larchmont	\$16,500.00
Town of Mamaroneck	\$16,500.00
Village of Mamaroneck	\$18,500.00
City of Mount Vernon	\$29,000.00
* City of New Rochelle	\$17,500.00
Village of Pleasantville(Prior abatement plus 1/2 increase) ...	\$16,500.00
* City of Rye	\$29,500.00
Village of Sleepy Hollow	\$16,500.00
Village of Tarrytown (Prior abatement plus 1/2 of increase) .	\$29,000.00
City of White Plains	\$18,500.00
* City of Yonkers	\$29,000.00

Nassau County

Rent Increase Exemption Applicant's Annual Maximum Income Level

The following municipalities have adopted the Senior Citizen Rent Income Exemption (SCRIE) program pursuant to the provisions of the Emergency Tenant Protection Act (ETPA) and the Rent and Eviction Regulations (RER). An asterisk (*) preceeding a municipality indicates it has also adopted the Disability Rent Increase Exemption (DRIE) program.

<u>Municipality:</u>	<u>Maximum Income:</u>
City of Glen Cove	\$24,000.00
Village of Great Neck Plaza	\$24,000.00
Village of Hempstead	\$29,000.00
Town of North Hempstead	\$29,000.00

APPLICATION INSTRUCTIONS

Section A: TENANT INFORMATION - Print all information clearly in ink.

Section B: Third Party - Complete this section only if you wish a third party to receive copies of notices regarding the continuation of your benefits. The party you designate will be contacted if you are unable to be contacted.

Section C: BUILDING OWNER/MANAGING AGENT - Provide owner/agent information requested.

Section D: RENTAL INFORMATION - If you have:

- Renewed your rent stabilized lease, attach a copy of the current lease and a copy of the prior lease. All leases must be signed by the building owner and the tenant.
- A rent controlled apartment, attach a copy of the 60-Day Notice of Maximum Rent Adjustment (Form 33.8).
- A rent increase notice from your landlord, attach a copy of the notice and any other material received with the notice.
- Received a DHCR Order that adjusted the rent (MCI, Decrease in Services), attach a copy of the order.

- Section E: HOUSEHOLD INFORMATION - List all persons living in your household. If more than three persons are living in the household please attach a list of their names and the information requested in Section E, F and G, on a separate sheet.
- Section F: INCOME - List all income that you and each member of your household received for the year prior to the date of your application. A boarder's income should not be listed; however, payment received from the boarder should be counted as income. **Household income should be listed by annual amount.**
- Section G: ALLOWABLE DEDUCTIONS - List only those deductions noted on the form. These will be deducted from your income before eligibility is determined.

DOCUMENTATION
REQUIREMENTS:

AGE - Provide a copy of one of the following items: birth certificate, US passport, driver's license, medicaid card, naturalization card or other federal/state/local document with date of birth.

INCOME: Provide a copy of your federal income tax return for the year prior to your application, along with all W-2s (wage & tax statements) and 1099-SSAs (social security benefit statements). If a Federal Tax return was not filed, attach proof of each item in Section F. Appropriate proof of income includes W-2s, 1099-SSAs, 1099-Rs (pension & annuity retirement income), SSI letters, bank & brokerage account end-of-year statements and public assistance benefit letters.

RENT: Provide copies of Rental Information cited in Section D above.

SIGNATURE:

Please sign and date the application. Without your signature, the application cannot be processed and will be returned to you.



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: 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.

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
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 Other: _____
 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.

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?

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