

Mail to: NYC Department of Finance, Attn: SCRIE, 59 Maiden Lane, 22nd Floor, New York, NY 10038

Instructions: Use this form if you are receiving SCRIE benefits and wish to renew your eligibility for SCRIE benefits. Please forward the completed and signed application, along with a copy of your signed new lease to the address above.

SECTION I - APPLICANT INFORMATION

1. Name of Applicant
 Applicant: a. _____ b. _____
FIRST NAME LAST NAME

2. Address: _____ 3. _____ 4. Apt. #: _____
NUMBER STREET NAME

5. Borough: _____ 6. Zip Code: _____

7. Daytime Phone Number: (____) _____ 8. Email Address: _____

9. SCRIE Docket Number: _____

To renew your eligibility for SCRIE benefits you must complete this form and sign and date it. Please mail it back as quickly as possible with the following required documents:

1. If you are a tenant in a **Rent Stabilized** apartment, please return this signed form with your new signed lease. The lease must be signed by both the tenant AND the landlord and indicate if you are renewing for 1 or 2 years.
2. If you are a tenant in a **Rent Controlled** apartment, please return this signed form with Notice of Maximum Collectible Rent (Form # RN-26) for current year and Owner's Report and Certification of Fuel Cost Adjustment (Form #R33.10) for current year.
3. If there are **NEW household members**, you must submit proof of income and allowable deductions for all new household members.

NO OTHER DOCUMENTS ARE REQUIRED. PLEASE DO NOT SUBMIT ANY EXTRA DOCUMENTS.

SECTION II - RENEWAL INFORMATION

1. **Total Household Income:** The total combined household income (after allowable deductions) cannot exceed \$29,000. This must include the income of all individuals living in your home.
 Is your total household income \$29,000 or less? YES NO

2. Enter last year's total household income: \$ _____
 If this amount is different from the amount reported on your last application (aside from differences from a new household member), please explain the difference:

3. Enter the number of persons living in your household? _____
 Has this number changed since your last application?..... YES NO

If "YES", please fill out the chart on page 2 to inform us of any change in household members. If they are new, remember to submit proof of income and allowable deductions. It is required.

SECTION II - RENEWAL INFORMATION - Continued

HOUSEHOLD MEMBER(S)' INFORMATION				
NAME	NEW OR MOVED OUT?	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1.				
2.				

NEW HOUSEHOLD MEMBER(S)' INCOME							
NAME	SOCIAL SECURITY INCOME	SSI	PENSION	WAGES	INTEREST AND DIVIDENDS	PUBLIC ASSISTANCE	OTHER
1.							
2.							

NEW HOUSEHOLD MEMBER(S)' ALLOWABLE DEDUCTIONS				
NAME	FEDERAL / STATE / LOCAL TAXES	UNION DUES	COURT ORDERS / SUPPORT PAYMENTS	SOCIAL SECURITY TAXES
1.				
2.				

4. Representative Contact (if any). Indicate if you want Finance to copy someone else as well as you: YES NO
If "YES" please complete the following:

Name of Representative: _____
FIRST NAME LAST NAME

Address: _____ Apt. #: _____
NUMBER STREET NAME

Borough: _____ Zip Code: _____

SECTION III - CERTIFICATION

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 City the full amount of any SCRIE benefits received improperly plus any interest charges.

I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements or benefits.

I authorize the Department of Finance to review my state and federal income tax returns to verify my income.

Signature of Tenant

Print Name as Signed at Left

(_____) _____
Telephone Number

____/____/____
Date

Please review your application to ensure you have answered all questions and attached all required documentation. If your application is incomplete, it will not be processed.

If you have any questions, please call 311.