



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

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.

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