

Rent Freeze Application Documentation Guide

Examples of the housing, income, and other documents you may need to submit with your Rent Freeze Program application.

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I. Sample Housing Documents


A. STANDARD RENT-REGULATED APARTMENT LEASE

Your lease must list your name as the primary tenant. The lease must include the maximum rent (and preferential rent, if any) and the duration of the lease, and it must clearly show the signatures of the tenant and the landlord. These items are highlighted in the sample lease below. All of the highlighted information is required.

ETPA RENEWAL LEASE FORM
 Owners and Tenants should read **INSTRUCTIONS TO OWNER** and **INSTRUCTIONS TO TENANT** on reverse side before filling out or signing this form
THIS IS A NOTICE FOR RENEWAL OF LEASE AND RENEWAL LEASE FORM ISSUED UNDER SECTION 2503.5(a) OF THE EMERGENCY TENANT PROTECTION REGULATIONS. ALL COPIES OF THIS FORM MUST BE SIGNED BELOW AND RETURNED BY CERTIFIED MAIL TO YOUR LANDLORD WITHIN 60 DAYS.

Dated: _____ 20____

Tenant's Name(s) and Address: _____



Owner's /Agent's Name and Address: _____

1. The owner hereby notifies you that your lease will expire on: ____ / ____ / ____

PART A - OFFER TO TENANT TO RENEW

2. You may renew this lease, for one or two years, at your option, as follows:

| Column A Renewal Term | Column B Legal Rent on Sept.30th Preceding Commencement Date of this Renewal Lease | Column C Guideline % or Minimum \$ Amount (If unknown, check box and see below)* <input type="checkbox"/> | Column D Applicable Guideline Supplement, if any | Column E Lawful Rent Increase, if any, Effective after Sept. 30th | Column F New Legal Rent (If a lower rent is to be charged, check box and see item 5 below) <input type="checkbox"/> |
|--------------------------|---|--|---|--|--|
| 1 Year | \$ _____ | () % \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2 Years | Same as above | () % \$ _____ | \$ _____ | \$ _____ | \$ _____ |

* If applicable guideline rate is unknown at time offer is made, check box in Column C and enter current guideline which will be subject to adjustment when rates are ordered.

3. Security Deposit:
 Current Deposit: \$ _____ Additional Deposit Required - 1 year lease: \$ _____
 Additional Deposit Required - 2 year lease: \$ _____

4. Specify separate charges, if applicable:
 a. Air conditioner: \$ _____ c. Other: _____ \$ _____ Total separate charges: \$ _____
 b. Appliances : \$ _____

5. Lower Rent to be charged, if any. 1 year lease \$ _____, 2 year lease \$ _____ Agreement attached: Yes No

6. Tenant shall pay a monthly rent (enter amount from 2F or 5) of \$ _____ for a 1 year renewal or \$ _____ for a 2 year renewal, plus total separate charges (enter amount from 4) \$ _____ for a total monthly payment of \$ _____ for a 1 year renewal or \$ _____ for a 2 year renewal.

7. This renewal lease shall commence on _____, which shall not be less than 90 days nor more than 120 days from the date of mailing or personal delivery of this Renewal Lease Form. This Renewal Lease shall terminate on _____ (1 year lease) or _____ (2 year lease).

8. This renewal lease is based on the same terms and conditions as your expiring lease. (See instructions about additional provisions.)

9. SCRIE and DRIE. Owner and Tenant acknowledge that, as of the date of this renewal, Tenant is entitled to pay a reduced monthly rent in the amount of \$ _____ under the SCRIE program (where applicable) or the DRIE program (where applicable). The reduced rent may be adjusted by orders of such program.

10. Leased premises does , does not have an operative sprinkler system. If operative, it was last maintained and inspected on _____.

This form becomes a binding renewal lease after it is first signed by the owner below, then signed by the tenant and timely returned to the owner by certified mail. The addenda setting forth the rights and obligations of tenants and owners under the Emergency Tenant Protection Act must be attached to this lease. The rent, separate charges and total payment provided for in this renewal lease may be increased or decreased by order or annual updates of the Division of Housing and Community Renewal (DHCR) or the Rent Guidelines Board (RGB).

PART B - TENANT'S RESPONSE TO OWNER

Tenant: Check and complete where indicated one of three responses below after reading instructions on reverse side. Then date and sign your response below. You must return this Renewal Lease Form to the owner by certified mail, within 60 days of the date this Notice was served upon you by the owner. Your failure to do so may be grounds under the ETPLA for the commencement of an action by the owner to evict you from your apartment.

I (we), the undersigned Tenant(s), accept the offer of a one (1) year renewal lease at a monthly rent of \$ _____, plus separate charges of \$ _____ for a total monthly payment of \$ _____.

I (we), the undersigned Tenants(s), accept the offer of a two (2) year renewal lease at a monthly rent of \$ _____, plus separate charges of \$ _____ for a total monthly payment of \$ _____.

I (we) will not renew my (our) lease and I (we) intend to vacate the apartment on the expiration date of the current lease.

Tenant's Signature(s): _____


Dated: _____ 20____

Owner's Signature(s): _____

Dated: _____ 20____

RTP-8 ETPLA (9/19)

B. FORM RN-26 NOTICE OF INCREASE FOR RENT-CONTROLLED APARTMENT

| | | | |
|--|--|--|--------------------------------|
|  | State of New York Division of Housing and Community Renewal Office of Rent Administration Web Site: www.hcr.ny.gov | MBR Section Gertz Plaza 92-31 Union Hall Street Jamaica, N.Y. 11433 | Docket Number: _____ |
| Notice of Increase in 2020-21 Maximum Base Rent and Maximum Collectible Rent Computation (Short Form) | | | |
| Mailing Address of Tenant: Name: _____ Number/Street: _____ _____ Apt. No: _____ City: _____ State, Zip Code: _____ Subject Building: _____ | | Mailing Address of Owner/Managing Agent: Name: _____ Number/Street: _____ _____ City: _____ State, Zip Code: _____ | |
| Number and Street | | Apartment or Room Number | |
| City, State, Zip Code | | City, State, Zip Code | |
| Note: Notice Form RN-26-Long Form should be used to compute the Maximum Base Rent (MBR) for an apartment which requires the following MBR adjustments: owner paid gas and/or electricity; rent adjustments after August 1, 1970. This short form is not designed for that purpose. | | | |
| Read Page 2 and 3 of This Form Before Making Any Entries Below | | | |
| Effective Date of 2020-21 MBR Order of Eligibility ____/____/____ | | | |
| Part A: Computation of 2020-21 Maximum Base Rent | | | |
| 1. Enter 2018-19 MBR as shown on last 2018-19 MBR Notice. | \$ _____ | (1) | |
| 2. 2020-21 Standardized Increase Factor. | 1.095 | (2) | |
| 3. 2020-21 MBR, Multiply Line 1 by Line 2 or if 2018-19 MBR increases were not granted make entry as specified in Instruction 5 or 6 on Page 2. | \$ _____ | (3) | |
| Part B: Computation of Maximum Collectible Rent | | | |
| 4. Maximum Collectible Rent on December 31, 2019. | \$ _____ | (4) | |
| 5. a. Multiply Line 4 by 1.075 | \$ _____ | (5a) | |
| b. Multiply Line 4 by 1.0085 | \$ _____ | (5b) | |
| Pursuant to the Housing Stability and Tenant Protection Act (HSTPA) of 2019, the Maximum Collectible Rents (MCR) in effect on 12/31/2019 are increased by not more than .85% on 1/1/2020 (which is less than 7.5% and is based on the average of the previous five years of one-year rent adjustments for rent stabilized apartments.) | | | |
| 6. Maximum Collectible Rent on the above Effective Date of the 2020-21 MBR Order of Eligibility. If Line 4 is greater than Line 3, enter amount from Line 4; otherwise, enter the amount from Line 3 or Line 5a or 5b, whichever is less. | \$ _____ | (6) | |
| To Senior Citizens and Disabled Tenants: | | | |
| 7. If the tenant has a valid Senior Citizen or Disability Rent Increase Exemption Order, the Maximum Collectible Rent is: | \$ _____ | (7) | |
| Any person holding a currently valid Senior Citizen Rent Increase Exemption Order (SCRIE) or a Disability Rent Increase Exemption Order (DRIE) is not required to pay any portion of the rent increase indicated above which causes the monthly rent to exceed one-third of the tenant's monthly disposable income. A currently valid Rent Increase Exemption Order is renewed automatically for six months during which time the tenant must have completed and filed a Renewal Application with the New York City Department of Finance. | | | |
| Senior citizens including Supplemental Security Income (SSI) recipients, 62 or older and disabled tenants 18 or older with an aggregate household net disposable income of \$50,000 or less, who do not have rent increase exemption orders may be eligible for an exemption. Contact the NYC Department of Finance at 311 for further information. | | | |
| RN-26S (1/20) | (1) | Page 1 of 3 | |

C. MCI RENT INCREASE ORDER



State of New York
Division of Housing and Community Renewal
Office of Rent Administration
Web Site: www.nyshcr.org

Gertz Plaza
92-31 Union Hall St
Jamaica NY 11433
(718) 739-6400

ORDER GRANTING MCI RENT INCREASE

IV. COMPUTATION OF PERMANENT RENT INCREASE:

| | | |
|---------------------------------------|------|------------|
| 1. Total approved cost | \$ | 271,843.50 |
| 2. Comm/Prof tenants share | (\$ | 1,168.93) |
| 3. Net approved cost | \$ | 270,674.57 |
| 4. Divided by 150 months | \$ | 1,804.50 |
| 5. Total rooms | | 224 |
| 6. Rent increase per room per month | \$ | 8.06 |
| 7. Number of rooms in your apartment: | | 4 |
| 8. Rent increase for your apartment | | 32.24 |

V. EFFECTIVE DATES AND LIMITATION ON COLLECTIBILITY:

Increase is effective and collectible on 06/01/2020 and shall not exceed 2% of the rent as of 06/01/2019 (the rent roll date) in any 12 month period, with the excess spread forward in similar increments.

VI. IMPORTANT:

- (1) MCI rent increases are temporary and must be removed from the legal regulated rent, inclusive of any increases granted by the applicable Rent Guidelines Board, thirty years from the effective date of this order.
- (2) Service reduction orders may bar collectibility of this increase for any period during which such reduction is in effect.
- (3) To collect this increase the lease must provide for an increase pursuant to DHCR order.
- (4) For this MCI to be collectible during a vacancy lease term, the vacancy lease must state that MCI is pending and list docket number and items.
- (5) If a tenant moves from the building on/after this order's effective date, owner may include the full increase in the next tenant's vacancy lease.
- (6) Senior citizens who qualify for SCRIE may not have to pay this increase. For SCRIE information call 311 if you reside in NYC. Outside of NYC, contact your local SCRIE office of the village/city where you reside.
- (7) Disabled persons who qualify for DRIE may not have to pay the increase. For DRIE information call 311 if you reside in NYC. Outside of NYC, contact your local DRIE office of the village/city where you reside.
- (8) If you believe this order is based on an error in law and/or fact you may file a Petition for Administrative Review (PAR), form RAR-2, no later than 35 days after the issuance date of this order. PARs filed after the time limit specified above will be considered late and will be dismissed. Requests for an extension of time to file a PAR cannot be considered. Call 718-739-6400 or visit your local Rent Office and request form RAR-2. This forms is also available on our website at hcr.ny.gov/.

II. Sample Income Documents

NOTE: The following are some of the most common income documents. Yours may look slightly different from the samples that follow.

A. FORM W-2

| | | | | | |
|---|--|---|-------------------|--------------------------------|--|
| 22222 | | a Employee's social security number | OMB No. 1545-0008 | | |
| b Employer identification number (EIN) | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| c Employer's name, address, and ZIP code | | 3 Social security wages | | 4 Social security tax withheld | |
| | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | 9 | | 10 Dependent care benefits | |
| e Employee's first name and initial Last name Suff. | | 11 Nonqualified plans | | 12a | |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| | | 14 Other | | 12c | |
| | | | | 12d | |
| f Employee's address and ZIP code | | 15 State Employer's state ID number | | 16 State wages, tips, etc. | |
| | | 17 State income tax | | 18 Local wages, tips, etc. | |
| | | 19 Local income tax | | 20 Locality name | |
| | | | | | |

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service

B. FORM 1099-R

| | | | | | |
|---|--|---|--|--|--|
| <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED | | OMB No. 1545-0119 | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | 1 Gross distribution | | Form 1099-R | |
| | | 2a Taxable amount | | Total distribution <input type="checkbox"/> | |
| PAYER'S TIN | | 3 Capital gain (included in box 2a) | | 4 Federal income tax withheld | |
| RECIPIENT'S TIN | | 5 Employee contributions/ Designated Roth contributions or insurance premiums | | 6 Net unrealized appreciation in employer's securities | |
| RECIPIENT'S name | | 7 Distribution code(s) | | 8 Other | |
| Street address (including apt. no.) | | 9a Your percentage of total distribution % | | 9b Total employee contributions \$ | |
| City or town, state or province, country, and ZIP or foreign postal code | | 10 Amount allocable to IRR within 5 years | | 11 1st year of desig. Roth contrib. | |
| | | 12 State tax withheld | | 13 State/Payer's state no. | |
| Account number (see instructions) | | 15 Local tax withheld | | 16 Name of locality | |
| Date of payment | | 14 State distribution | | 17 Local distribution | |
| | | | | | |

Form 1099-R
www.irs.gov/Form1099R
Department of the Treasury - Internal Revenue Service

C. 1040

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** CMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 Foreign country name Foreign province/state/county Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) if qualifies for Child tax credit (see instructions): Credit for other dependents

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Attach Sch. B if required. **Standard Deduction for—**
 • Single or Married filing separately, \$12,400
 • Married filing jointly or Qualifying widow(er), \$24,800
 • Head of household, \$18,650
 • If you checked any box under Standard Deduction, see instructions.


| | |
|--|------------------------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 |
| 2a Tax-exempt interest | 2b |
| 3a Qualified dividends | 3b Ordinary dividends |
| 4a IRA distributions | 4b Taxable amount |
| 5a Pensions and annuities | 5b Taxable amount |
| 6a Social security benefits | 6b Taxable amount |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 |
| 8 Other income from Schedule 1, line 9 | 8 |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 |
| 10 Adjustments to income: | |
| a From Schedule 1, line 22 | 10a |
| b Charitable contributions if you take the standard deduction. See instructions | 10b |
| c Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c |
| 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 |
| 12 Standard deduction or itemized deductions (from Schedule A) | 12 |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 |
| 14 Add lines 12 and 13 | 14 |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040**

E. IRS VERIFICATION OF NON-FILING LETTER

If SCRIE or DRIE asks specifically for a federal tax filing, such as a Form 1040 or 1040-SR, and you did not file a federal tax return for that income year, you can obtain a Verification of Non-Filing letter from the IRS to submit with your application.

Call the IRS for instructions or make a request online at <https://www.irs.gov/individuals/get-transcript>.



PHILADELPHIA, PA 19255-1498

Tracking ID:
Date of Issue:

Taxpayer's Name:
Taxpayer Identification Number:
Tax Period or Periods:
Return:

Information About the Request We Received

Why We're Contacting You

We're contacting you to report on the status of the request we received.

Information About the Status of The Request


On June 10, 2009, your office submitted a request for taxpayer information.

We received a request dated June 10, 2009 for verification of non-filing of returns for above tax period or periods. We have no record of a filed Form 1040, 1040A, or 1040EZ using the above Social Security Number. You can consider this letter a verification of non-filing.

How To Contact Us

Please call us at 1-800-829-8374 if you have any questions regarding this letter or if you need additional information.

Sincerely Yours,



Beth Jones, Director
Electronic Products & Svcs Support


F. FORM SSA-1099

For replacement, call the Social Security Administration for instruction or make a request online at <https://www.ssa.gov/myaccount/replacement-SSA-1099.html>.

| FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT | | |
|--|-------------------------------|--|
| <ul style="list-style-type: none"> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION. | | |
| Box 1. Name | | Box 2. Beneficiary's Social Security Number |
| Box 3. Benefits Paid | Box 4. Benefits Repaid to SSA | Box 5. Net Benefits 1 <small>(Box 3 minus Box 4)</small> |
| DESCRIPTION OF AMOUNT IN BOX 3 | | DESCRIPTION OF AMOUNT IN BOX 4 |
| <p style="font-size: 48px; opacity: 0.5; transform: rotate(-30deg); position: absolute; top: 50%; left: 50%;">SAMPLE</p> | | Box 6. Voluntary Federal Income Tax Withheld |
| | | Box 7. Address |
| | | Box 8. Claim Number <small>(Use this number if you need to contact SSA.)</small> |
| | | |
| Form SSA-1099-SM (1-2021) | | DO NOT RETURN THIS FORM TO SSA OR IRS |

G. SUPPLEMENTAL SECURITY INCOME (SSI) NOTICE OF INCOME LETTER OR NOTICE OF CHANGE IN PAYMENT

For replacement, call the Social Security Administration.

 **Social Security Administration**

Date:

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments
Beginning January 2021, the current Supplemental Security Income payment is \$xxx.xx.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. For example, Supplemental Security Income Payments for March are paid in March.

Type of Supplemental Security Income Payment Information
You are entitled to monthly payments as a disabled child.

Date of Birth Information
The date of birth shown on our records is .

Suspect Social Security Fraud?
Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions
We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-697-4799. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY

**Social Security Administration
Supplemental Security Income
Notice of Change in Payment**

Date: December 1, 2019
BNC#:

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$xxx.00 to \$xxx.00 beginning January 2020. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments
Your bank or other financial institution will receive your monthly payment of \$xxx.00 around January 1, 2020, and on the first of each month after that.

Information Used in Making The Decision
Our records show that the following income used to figure your payment has also changed-

Your increased Social Security benefits—before any deductions for Medicare premiums— of \$xxx.00. You should receive the increased Social Security benefit about January 3, 2020. We must count the increase in your benefits for January 2020 even though we are counting your other income for November 2019.

See Next Page

III. Sample Explanation Letters

If you are receiving monetary support from a family member, or if you have a boarder (a non-family member who lives with you and pays you rent), please submit an explanation letter signed by the family member or boarder.

Similarly, if you submit your application with all of your required income information and the Department of Finance responds with a request for additional income documentation, you should submit a letter clarifying that you do not have any additional sources of income. If you do not respond at all, your application may be considered incomplete.

A. FAMILY MONETARY SUPPORT LETTER

[Sponsor name]
[Sponsor address]

Re: [Applicant Name]
[Applicant Address or Docket Number, if applicable]

To Whom it May Concern:

The following correspondence is to certify that I, [sponsor name], [relationship of the applicant] am assisting the applicant by providing [contribution amount] per month.

If you have any questions, please feel free to contact me.

Sincerely,
[Sponsor name and Signature]

B. BOARDER LETTER

[Boarder name]
[Boarder address]

Re: [Applicant Name]
[Applicant Address or Docket Number, if applicable]

To Whom it May Concern:

The following correspondence is to certify that I, [boarder name], am a boarder and contributing [rent amount] per month to the applicant's rent.

If you have any questions, please feel free to contact me.

Sincerely,
[Boarder Name and Signature]

IV. Sample Disability Verification (DRIE applicants only)

A. NOTICE OF AWARD FROM SOCIAL SECURITY ADMINISTRATION

For replacement, call Social Security Administration.

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Northeastern Program Service Center
1 Jamaica Center Plaza
Jamaica, New York 11432-3898

You are entitled to monthly disability benefits beginning January 2018.

The Date You Became Disabled

We found that you became disabled under our rules on July 17, 2017.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is January 2018.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$x,xxx.xx around April 28, 2018.
- This is the money you are due for January 2018 through March 2018.
- Your next payment of \$x,xxx.xx which is for April 2018, will be received on or about the third of May 2018.
- After that you will receive \$xxxx.xx on or about the third of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

Other Social Security Benefits

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

C

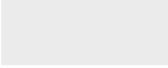
See Next Page

B. VETERANS AFFAIRS DISABILITY/PENSION LETTER



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420

June 13, 2016



In Reply Refer to:
27/eBenefits

Dear Mr. Rissew:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-

You are the Veteran.

VA Benefit Information

| | |
|--|------|
| You have one or more service-connected disabilities: | Yes |
| Your combined service-connected evaluation is: | 100% |
| You are considered to be totally and permanently disabled due solely to your service-connected disabilities: | Yes |
| You are in receipt of special monthly compensation due to the type and severity of your service-connected disabilities: | Yes |

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://iris.va.gov>.

Sincerely,

NYC

Department of Finance