



# RENT FREEZE PROGRAM APPLICATION

## SCRIE: Senior Citizen Rent Increase Exemption

**WHO CAN APPLY**

You may qualify for SCRIE if you are 62 or older; you live in and are on the lease of a rent-controlled, rent-regulated, or rent-stabilized apartment, certain Mitchell-Lama developments, or certain Battery Park City apartments; the combined household income is less than \$50,000; and you spend more than 1/3 of your combined household income on rent.

**HOW TO APPLY**

- Online: Visit [www.nyc.gov/nyctap](http://www.nyc.gov/nyctap).
- Mail: We encourage you to apply online. If you must apply by mail, complete this application and send it to:  
NYC Department of Finance, Rent Freeze Program, PO Box 3179, Union, NJ 07083

**HOW TO GET HELP**

If you need help, call 311 or send us a message by visiting [www.nyc.gov/contactscrie](http://www.nyc.gov/contactscrie).

**SECTION 1: APPLICANT AND HOUSEHOLD**

SELECT ONE:

- I am not currently receiving Rent Freeze benefits. (Initial application.)
- I am renewing my existing Rent Freeze benefits. Docket # (if you have it): \_\_\_\_\_

Are you the only person living in your apartment?  Yes  No

NAME OF APPLICANT		DATE
DATE OF BIRTH	SOCIAL SECURITY NUMBER* (IF AVAILABLE)	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS	TELEPHONE NUMBER (     )     -	

If you retired in the last year, please provide your retirement date: \_\_\_\_\_

If anyone else lives in the apartment, complete the following information. Attach an additional sheet if necessary.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Has anyone in your household ever served, or are they currently serving, in the U.S. Armed Forces, National Guard, or Reserves?

Please select any that apply:

- Self  Spouse/Partner  Child  Other (write in) \_\_\_\_\_

**SECTION 2: TENANT REPRESENTATIVE (OPTIONAL)**

You can designate a representative to receive copies of the notices you receive from the Rent Freeze Program. This is optional, but recommended.

NAME	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER (       )       —	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

**SECTION 3: CERTIFICATION**

**Please read carefully and sign the certification below. Your application is not complete if you do not sign.**

I hereby certify under penalties provided by law that I currently reside at the address shown in this application and that the information provided is true and complete.

I understand and agree that if I fail to disclose all income from household members, as well as rental payments made to me from boarders, I may be held responsible to repay the City the full amount of any SCRIE benefits received improperly, plus any interest charges.

I understand that my income is subject to verification by the Department of Finance.

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY	SIGNATURE OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY	DATE

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at [www.nyc.gov/contactdofeeo](http://www.nyc.gov/contactdofeeo), or by calling 311.

\*You must provide your Social Security or ITIN number, if you have such a number, in order to apply for the Rent Freeze Program. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.

**SECTION 4: REQUIRED DOCUMENTS**

Submit copies of the following for yourself and every other member of the household. (We will contact you if we need additional information to process your application.) Please note that you do not need to submit this page, only the information requested below.

1. Proof of your age, such as a driver’s license or other government-issued photo ID.
2. Proof of income: Your federal or state income tax return from last year, with any schedules and 1099 forms, including 1099-R forms. (If you were in the Rent Freeze Program prior to July 1, 2024, you also have the option to provide copies of all of your individual sources of income. To learn more, visit [www.nyc.gov/rentfreeze](http://www.nyc.gov/rentfreeze). Click on the “Other Forms” tab at the top of the page, then click on “Income Worksheet.” You can provide copies of all sources of income listed in the worksheet.)
3. Power of attorney, if applicable: If someone else has signed on behalf of the applicant, documentation for a power of attorney or guardianship is required.
4. Proof of rent, per the table below. (Identify the type of apartment you live in, and provide the required documents listed to the right. To see documentation examples, visit [www.nyc.gov/rentfreeze](http://www.nyc.gov/rentfreeze) and click on the “Other Forms” tab at the top of the page, then click on “Rent Freeze Application Documentation Guide.”)

If you live in a:	Submit a copy of:
<b>Rent-stabilized apartment</b>	<ul style="list-style-type: none"> <li>• <i>If you are not currently receiving Rent Freeze benefits:</i> Your current and prior lease or rental agreement.</li> <li>• <i>If you are renewing your current Rent Freeze benefits:</i> Your current lease or rental agreement.</li> </ul>
<b>Rent-controlled apartment</b>	<ul style="list-style-type: none"> <li>• <i>If you are not currently receiving Rent Freeze benefits:</i> Your current and prior Notice of Maximum Base Rent (DHCR Form RN-26 or RN26-S).</li> <li>• <i>If you are renewing your current Rent Freeze benefits:</i> Your current and prior Notice of Maximum Base Rent (DHCR Form RN-26 or RN26-S).</li> </ul>
<b>Rent-regulated hotel / single room occupancy (SRO)</b>	<ul style="list-style-type: none"> <li>• A letter from management or owner indicating current and prior rent amounts.</li> <li>• <i>If you are not currently receiving Rent Freeze benefits:</i> Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year.</li> </ul>
<b>Former Mitchell-Lama</b>	<ul style="list-style-type: none"> <li>• Your signed regulatory agreement with the landlord reflecting established Rent Guidelines Board increases for the lifetime of the tenancy.</li> </ul>
<b>Eligible Battery Park City property</b>	<ul style="list-style-type: none"> <li>• Submit your contractual agreement with the Battery Park City Authority and the lease, sublease, or regulatory agreement with the landlord.</li> </ul>
<p><b>Additional documents:</b></p> <ul style="list-style-type: none"> <li>• Please provide copies of any orders for Major Capital Improvements (MCIs) or Rent Reduction that you have received from your landlord.</li> <li>• If you submitted income information for a household member on a prior application and that person no longer lives in the apartment, please provide proof of relocation, such as their new lease, new government-issued ID, or death certificate.</li> </ul>	