



Docket Number: \_\_\_\_\_

**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 or P.O. Box: \_\_\_\_\_ Apt.: \_\_\_\_\_  
 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 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**