



**SCRIE**

**SENIOR CITIZEN RENT INCREASE EXEMPTION  
ADJUSTMENT TO ABATEMENT**

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

**Instructions:** Use this form if you are presently receiving a SCRIE benefit and wish to apply for an adjustment to your current abatement due to a fuel cost adjustment, MCI increase or J-51 reduction. Please forward the completed, signed application with a copy of the DHCR Order that you received from the landlord/managing agent.

**SECTION I - APPLICANT INFORMATION**

1. Name of 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: \_\_\_\_\_

**SECTION II - EXEMPTIBLE INCREASE**

Increases must be authorized by DHCR for building wide improvements. The exemption can only be granted if the increase for the improvement is applied to all units in the building. (The following is a list of some increases that are not covered by SCRIE: doormen, maid service, air conditioning, painting, garages, parking, storage facility and security deposits). Please check reason for the adjustment below. Please attach a copy of the Order Providing MCI Increase.

10. Reason for Adjustment (check one):

- Fuel Cost Increase       Major Capital Improvement (MCI)       J-51 Reduction

**SECTION III - CERTIFICATION**

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this application null and void.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer (If other than applicant) \_\_\_\_\_ Date \_\_\_\_\_

Would you like a copy of the SCRIE Abatement Adjustment determination sent to the preparer?  Yes  No  
(If "YES," provide the preparer's name and mailing address, daytime phone, and/or fax number below.)

Name of Preparer: \_\_\_\_\_  
FIRST NAME LAST NAME

Preparer's Address: \_\_\_\_\_  
NUMBER STREET NAME APT. #

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
BOROUGH ZIP CODE PHONE NUMBER FAX NUMBER