

How to Complete this DRIE Renewal Application

Print the date you are completing the application and docket number. Your docket number can be found on any notice sent to you from DRIE.

Section 1: Applicant Information

For the applicant, provide the first and last name, date of birth, Social Security Number and full address. If available, provide a primary phone number, cell phone number, and email address.

Section 2: Tenant Representative

It is strongly recommended that all applicants provide a tenant representative. This person will receive copies of all notices sent to the primary applicant. Use this space to change or add a tenant representative's contact details.

Section 3: Household Income

You must list the total annual income for you (the applicant) and all household members for 2016.

Applicant Income completion

- Use the income check boxes to indicate all sources of income for each household member. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that you did not receive any income in 2016, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2016 or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2016.

Now that you have completed your income information, you will need to complete the income section for each household member. If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application. Do not forget to attach proof of 2016 income for you and all household members.

Household Income completion

- Write the first and last name of the household member.
- Provide the date of birth, Social Security Number in the space provided.
- Provide each household member's relationship to the primary applicant, for example spouse, parent, daughter/son, granddaughter/grandson.
- Use the income check boxes to indicate all sources of income for household member. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that household member did not receive any income in 2016, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2016, full time student verification, or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2016.

Section 4: Rent Information

Indicate if your rent has increased since your last approved DRIE application. If your rent increased, please provide an updated rent receipt, rent increase letter, or a rent printout from your management office as proof of the rent increase.

Section 5: Certification

After reading the certification, sign it, print your name and write the date in the spaces provided.

Final Check and Mailing

Review your application and ensure that all questions are answered. Provide a copy of all proof of income for 2016 for yourself and all household members. If applicable, provide any additional documentation as requested in Section 4.

Mail your application to:

**New York City Department of Finance, DRIE Unit,
59 Maiden Lane, 22nd Floor,
New York, NY 10038**

You may also submit the application in person:

**SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.**



DRIE

Disability Rent Increase Exemption
MITCHELL-LAMA, HDFC COOPERATIVE,
LIMITED DIVIDEND, SECTION 213
COOPERATIVE, AND REDEVELOPMENT
APARTMENTS RENEWAL APPLICATION

Please be sure that the **PRIMARY APPLICANT** signs the last page of this application.

Mail completed application to:
New York City Department of Finance, DRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038

PLEASE PRINT

DATE	DRIE DOCKET NUMBER
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1. APPLICANT INFORMATION

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS		

2. TENANT REPRESENTATIVE INFORMATION

You can have copies of your notices sent to another person (in addition to you). Select a representative by completing the following:

NAME (FIRST, LAST)	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER () -	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

NOTE: This application can only be used if submitted between 1/1/2017 and 12/31/2017. You must send in all supporting documentation or your application cannot be processed.

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator.

If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

DRIE Disability Rent Increase Exemption MITCHELL-LAMA RENEWAL APPLICATION

3. HOUSEHOLD MEMBERS AND INCOME

Complete the income section that follows for you (applicant) and each household member. Supporting income documents must be supplied for all household members. See Household Income Worksheet to calculate total income.

If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Applicant:

NAME (FIRST, LAST)		
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Rent paid to you by boarder(s): _____	
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> I HAD NO INCOME IN 2016

Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income		
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

DRIE Disability Rent Increase Exemption MITCHELL-LAMA RENEWAL APPLICATION

3. HOUSEHOLD MEMBERS AND INCOME (CONTINUED)

Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Interest
<input type="checkbox"/> Business Income	<input type="checkbox"/> Other: _____	
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

If you have more than two household members living with you, provide information on a separate sheet.

4. RENT INFORMATION

Did your rent increase since your last approved DRIE application? <i>If yes, be sure to send a rent history printout or letter from your management office specifying the date the rent increased, and the amount of the rent increase</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DRIE Disability Rent Increase Exemption MITCHELL-LAMA RENEWAL APPLICATION

5. CERTIFICATION

Please read carefully and sign the below certification. 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 DRIE benefits received improperly plus any interest charges.

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

Check this box if you authorize the NYC Department of Finance to use the most recent income tax return received from the Internal Revenue Service and the New York State Department of Taxation & Finance to process your application in lieu of submitting copies of those documents.

Check this box if you authorize the NYC Department of Finance to release your information to other agencies for the purpose of determining your eligibility for other entitlements and benefits.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	DATE

If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required

** An additional form may be required*

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Social Security Numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Social Security Numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

Please read but do not submit with your application

Did you...

- Check over the application to make sure all questions have been answered?
- Sign and date the Certification section on the prior page?
- Include proof of income for ALL household members including yourself for 2016? Proof of income includes, but not limited to:
 - ✓ Income tax returns
 - ✓ Social Security benefit statement
 - ✓ IRA/Annuity statement, including earnings statement
 - ✓ Pension statement
 - ✓ Signed letter from boarder stating rental payments
 - ✓ 1099/W2 statement
 - ✓ Public assistance budget statement
 - ✓ Student status letter for any non-working students living in your household
 - ✓ Signed letter from a friend/family stating amount of monetary assistance
- If your rent increased since your last approved DRIE application, please provide a copy of an updated rent receipt, rent increase letter, or a rent printout from your management office as proof of the rent increase.

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Submit your application:

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