Department of Finance

# DRIE Disability Rent Increase Exemption

## RENT DEMAND/HOTEL STABILIZED/SRO RENEWAL INSTRUCTIONS

Please complete but do not submit with your application

## Are you eligible for DRIE Renewal?

Please answer the following questions:

| | | |
|---|---|---|
| Do you still live at the same address? | ☐ Yes | ☐ No |
| Is your total 2016 annual household income (received by you and all household members) $50,000 or less, after allowable deductions? | ☐ Yes | ☐ No |
| Do you pay more than 1/3 of your monthly income in rent? *(applies only if your DRIE benefit began after July 1, 2015)* | ☐ Yes | ☐ No |

**If you answered YES to all the above questions, please continue with the renewal application.**

**Your renewal application must be filed within six months of the benefit expiration. If you require additional time or need help, see the Frequently Asked Questions (FAQs) for other options.**

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at **nyc.gov/contactdofeeo** or call 311.

**Your application cannot be processed without the following:**

- ✓ Household income (Section 3) must be completely filled out.
- ✓ Renewal application must be signed (Section 5).
- ✓ Letter from the Management/Owner indicating your prior and new rent amounts.
- ✓ Submit proof of 2016 income for ALL household members, including yourself.

# SCRIE/DRIE Household Income Worksheet (How to figure your household income)

Please refer to the attached income worksheet. Use this worksheet as a tool to determine your total annual household income for the prior year. 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.

Before you begin, you should:

- Gather all income documents for 2016 for you and all household members.
- Enter the total amount received in the boxes provided for the corresponding income type on the income worksheet.

**SOURCES OF INCOME:**

**Line 1 – Social Security Benefits (SSA)**

Enter the total gross amount of any retirement or survivor's benefits you and all household members received from the Social Security Administration in 2016. *Refer to SSA Form 1099, IRS Form 1040 line 20a. DO NOT include reimbursements under Medicare/ Medicaid for medical expenses.*

**Line 2 – Social Security Disability Insurance (SSDI)**

Enter Social Security Disability Income (SSDI) received by all household members. *Refer to all benefit award letters for benefits received in 2016.*

**Line 3 – Supplemental Security Insurance (SSI)**

Enter Supplemental Security Income (SSI) received in 2016 by all household members including benefits received for dependent children in the household. *Refer to all benefit award letters for benefits received in 2016.*

**Line 4 – Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits**

Enter the total gross amount of all benefits for you and all household members who received VA benefits from the U.S. Department of Veterans Affairs. Submit copies of all benefit letters from the Department of Veterans Affairs indicating how much was received in 2016.

**Line 5 – Wages/Salaries/Tips**

Enter the total amount of wages, salaries, and tips, received by you and all household members in 2016. *Refer to W-2 box 1, 1099-MISC box 7, IRS Form 1040 line 7, NYS Form IT-201 line 1.*

**Line 6 – Pension**

Enter the total amount of pension received by you and all household members in 2016.

**Line 7 – Disability/Workers' Compensation Payments**

Enter the total amount of Workers' Compensation received by you and all household members in 2016. Submit a copy of your award letter with your application.

**Line 8 – Taxable & Non-Taxable Interest**

Enter the total amount of all taxable and non-taxable interest received by you and all household members received in 2016. *Refer to 1099-INT box 1, 1040 lines 8a and 8b, NYS Form IT-201 line 2.*

**Line 9 – Public Assistance Cash Award**

Enter the total gross amount of any cash assistance received by you and all household members in 2016. Submit copies of the budget letter with your application for all household members receiving cash assistance. SNAP/food stamps should not be included in your household income.

**Line 10 – Business Income**

Enter the net business income sources received by you and all household members in 2016. *Refer to IRS Form 1040 line 12, NYS Form IT-201 line 6. Do not include a loss.* Net business income is gross receipts minus expenses.

**Line 11 – Capital Gains**

Enter the total amount of any taxable capital gains received by you and all household members in 2016. *Refer to IRS Form 1040 lines 13 and 14, NYS Form IT-201 lines 7 and 8. DO NOT include a loss.*

**Line 12 – IRA Earnings**

Enter the total amount of IRA earnings received by you and all household members in 2016. Attach a copy of your end of year earnings statement for 2016. *DO NOT include total distribution amounts. DO NOT include any IRA rollovers or conversions.*

**Line 13 – Annuities Earnings**

Enter the total amount of annuities earnings received by you and all household members in 2016. Attach a copy of your end of year earnings statement for 2016. *DO NOT include the total distribution amounts.*

**Line 14 – All Other Income**

Enter all other income received in 2016. Other income includes (but is not limited to) United States Postal Service (USPS) disability pension or disability compensation benefits, rental income, rent from boarders, income from estates or trusts, alimony, child support payments, gambling winnings, taxable and non taxable dividends, cancellation of debt and monetary support received from family/friends for rent.

**Line 15 – Add lines 1 through 14 and enter the amount.**

**APPLICABLE DEDUCTIONS**

**Line 16 – Federal income taxes paid**

**Line 17 – State income taxes paid**

*(W-2 box 17, Form 1099 – State tax withheld box, NYS Form IT-201, see line 72)*

**Line 18 – Local income taxes paid**

*(W-2 box 19, NYS Form IT-201 line 73)*

**Line 19 – Social Security taxes paid**

*(W-2 box 4)*

**Line 20 – Add lines 16 through 19 and enter the amount.**

**TOTAL HOUSEHOLD INCOME**

**Line 21 – Subtract line 20 from line 15 and enter the amount.**

Please complete but do not submit with your application

# Household Income Worksheet

| | Sources of Income Received | Applicant | Household Member #1 | Household Member #2 | TOTALS |
|---|---|---|---|---|---|
| 1 | Social Security Benefits (SSA)<br>*(SSA-1099 box 5, IRS Form 1040 line 20a)* | $ | $ | $ | $ 0.00 |
| 2 | Social Security Disability Insurance (SSDI)<br>*(SSDI Benefit Statement)* | $ | $ | $ | $ 0.00 |
| 3 | Supplemental Security Insurance (SSI)<br>*(SSI Benefit Statement)* | $ | $ | $ | $ 0.00 |
| 4 | Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits<br>*(Annual Benefit Statement)* | $ | $ | $ | $ 0.00 |
| 5 | Wages/Salaries/Tips<br>*(W-2 box 1, 1099-MISC box 7, IRS Form 1040 line 7, NYS Form IT-201 line 1)* | $ | $ | $ | $ 0.00 |
| 6 | Pension<br>*(1099R box 1, total annual pension from pension statement, IRS Form 1040 line 16a)* | $ | $ | $ | $ 0.00 |
| 7 | Disability/Workers' Compensation Payments<br>*(Attach award letter)* | $ | $ | $ | $ 0.00 |
| 8 | Taxable & Non-Taxable Interest<br>*(1099-INT box 1, IRS Form 1040 lines 8a and 8b)* | $ | $ | $ | $ 0.00 |
| 9 | Public Assistance Cash Award<br>*(PA Budget letter)* | $ | $ | $ | $ 0.00 |
| 10 | Business Income<br>*(1040 line 12—DO NOT include a loss, NYS Form IT-201 line 6)* | $ | $ | $ | $ 0.00 |
| 11 | Capital Gains<br>*(IRS Form 1040 line 13, NYS Form IT-201 line 7—DO NOT include a loss)* | $ | $ | $ | $ 0.00 |
| 12 | IRA Earnings<br>*(End of year earnings statement—DO NOT include the amount of your distribution)* | $ | $ | $ | $ 0.00 |
| 13 | Annuities Earnings<br>*(End of year earnings statement—DO NOT include the amount of your distribution)* | $ | $ | $ | $ 0.00 |
| 14 | All Other Income<br>*(refer to FAQ guide for a list of income sources)* | $ | $ | $ | $ 0.00 |
| 15 | **INCOME TOTAL (Add lines 1 through 14)** + | $ **0.00** | $ **0.00** | $ **0.00** | $ **0.00** |

| | Applicable Deductions | | | | |
|---|---|---|---|---|---|
| 16 | Federal income taxes paid<br>*(W-2 box 2, Form 1099—federal income tax withheld box)* | $ | $ | $ | $ 0.00 |
| 17 | State income taxes paid<br>*(W-2 box 17, Form 1099—State tax withheld box)* | $ | $ | $ | $ 0.00 |
| 18 | Local income taxes paid<br>*(W-2 box 19)* | $ | $ | $ | $ 0.00 |
| 19 | Social Security taxes paid<br>*(W-2 box 4)* | $ | $ | $ | $ 0.00 |
| 20 | **DEDUCTION TOTAL (Add lines 16 through 19)** + | $ **0.00** | $ **0.00** | $ **0.00** | $ **0.00** |
| 21 | **TOTAL INCOME (line 15 minus line 20)** − | $ **0.00** | $ **0.00** | $ **0.00** | $ **0.00** |

**What is 1/3 of your monthly income?**

| Take total amount from **line 21**: and divide (÷) that amount by 36 = | $ **0.00** |
|---|---|

Is this amount more than the current rent you are paying? ☐ Yes ☐ No

**If YES, you MAY NOT be eligible. However, you may continue with the application. If your application is denied, you may apply next year.**

# 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 can get 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 you received a rent agreement letter from the Management/Owner for 2016. If the Management/Owner has not provided you with a new rental agreement letter, indicate so by checking the box and provide a current utility bill.

**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.**

NYC Department of Finance

OFFICE USE ONLY: ☐ APPROVED ☐ REVOKED ☐ PENDING

NYC RENT FREEZE PROGRAM FREEZE YOUR RENT

# DRIE Disability Rent Increase Exemption
## RENT DEMAND/HOTEL STABILIZED/SRO 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 |
|---|---|
| | |

## 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**.

## 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<br>☐ Social Security Administration (SSA, SSDI, SSI) ☐ Veterans Benefits ☐ Wages<br>☐ Pension ☐ IRA/Annuity Earnings ☐ Workers' Compensation ☐ Interest<br>☐ Capital Gains ☐ Public Assistance ☐ Other: _____<br>☐ Business Income ☐ Rent paid to you by boarder(s): _____ | | |
| TOTAL INCOME FROM 2016 | TOTAL DEDUCTIONS FOR 2016 | ☐ 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<br>☐ Social Security Administration (SSA, SSDI, SSI) ☐ Veterans Benefits ☐ Wages<br>☐ Pension ☐ IRA/Annuity Earnings ☐ Workers' Compensation ☐ Interest<br>☐ Capital Gains ☐ Public Assistance ☐ Other: _____<br>☐ Business Income | | |
| TOTAL INCOME FROM 2016 | TOTAL DEDUCTIONS FOR 2016 | ☐ THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016 |

## 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

- ☐ Social Security Administration (SSA, SSDI, SSI)
- ☐ Veterans Benefits
- ☐ Wages
- ☐ Pension
- ☐ IRA/Annuity Earnings
- ☐ Workers' Compensation
- ☐ Interest
- ☐ Capital Gains
- ☐ Public Assistance
- ☐ Other: _____
- ☐ Business Income

| TOTAL INCOME FROM 2016 | TOTAL DEDUCTIONS FOR 2016 | ☐ 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

You must submit a signed letter from the Management/Owner indicating your prior and new rent amounts.

Did the Management/Owner provide you with a new rental agreement (as listed above)?

☐ Yes ☐ Management/Owner did not provide a new rental agreement.

*If checked, you must provide proof of residence such as a current utility bill.*

## 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/<br>COURT APPOINTED GUARDIAN/<br>*OTHER AUTHORIZED REPRESENTATIVE | SIGNATURE OF POWER OF ATTORNEY/<br>COURT APPOINTED GUARDIAN/<br>*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
- ☐ Obtain a copy of your rental agreement letter from the Management/Owner indicating your prior and new rent amount?

**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.**

**Submit your application:**

**BY MAIL:**

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

**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.

***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.***

# Frequently Asked Questions

**1. What is the Rent Freeze Program?**

The Rent Freeze Program refers to the Senior Citizen Rent Increase Exemption (SCRIE) and Disability Rent Increase Exemption (DRIE) program.

**2. What is the one-third income eligibility check and how can it affect my DRIE benefit?**

If you applied to and you were approved for the DRIE program as a new applicant after July 1, 2015, your renewal application is subject to a one-third income eligibility check. The Department of Finance will add up the annual income for you and all household members and divide this amount by 36. The result is one-third of your monthly household income. We then compare your one-third monthly household income to your new rent on your renewal lease as well as to your frozen rent. If one-third of your monthly household income is greater than your new rent then you would no longer be eligible for DRIE benefit. If one-third of your monthly household income is less than your new rent but greater than your frozen rent, we will increase your frozen rent to one-third of your monthly household income.

If you entered the DRIE program on or prior to July 1, 2015, your renewal application will not be subject to the one-third income eligibility check.

**3. When am I required to renew my benefit?**

All DRIE recipients are required to file a renewal application every year or every two years. Your approval orders will always list the benefit period. DRIE renewal applications are mailed approximately 60 days prior to a recipient's benefit expiration. If you do not receive a renewal application in the mail for any reason, renewal applications are available by visiting **nyc.gov/rentfreeze** or by calling 311 and requesting that one be mailed to you.

**4. What happens if the primary benefit recipient moves?**

If the primary benefit recipient moves to another rent-regulated apartment, the primary benefit recipient must file an Apartment Benefit Transfer Application to transfer your exemption to the new apartment.

**5. For the purpose of the Rent Freeze Program, who is considered a household member?**

Household members are considered to be the primary applicant and any person who permanently resides in the apartment. A bona fide roomer, boarder or subtenant who is not related to the head of household is not considered a household member. You must list all members of the household on the application and disclose their income for the prior year (the year before you submit your application). If any household members did not have income in the prior year, you must indicate it on the application and submit proof of no income.

**6. Who is NOT considered a household member?**

Boarders who have a rental agreement and pay rent to you are not considered household members. Family members are not considered boarders. *NOTE: boarders are not eligible for a benefit takeover.* You do not have to list boarders on your application; however you must disclose the amount of rent that is paid to you by submitting a letter from the boarder specifying how much money they pay you monthly. *DO NOT submit the income that the boarder received.*

**7. What if I am not able to physically sign the application?**

A person with an authorized Power of Attorney (POA), court-appointed guardian, or other authorized representative may sign documents on behalf of the primary beneficiary. Please submit the power of attorney, court order or authorized representative form along with the application so that DRIE can keep the information on file and ensure that copies of all DRIE correspondence are sent to the POA or guardian or authorized representative.

**8. What are applicable deductions?**

Federal, State, City, and Social Security taxes paid are applicable deductions.

**9. What is considered income that I must report to determine eligibility?**

Below is a list of income sources that the DRIE program considers. If you and your household members receive any income from any of these sources, you will have to enter this information on the *Income Worksheet* provided with the application and attach required proof of documentation as indicated.

– Social Security (SSA, SSI, SSDI)
*(Attach copy of SSA-1099 or printout of SSI benefit award letter)*

– Salaries/Wages/Tips
*(Attach W-2's including self-employment)*

– Business Income
*(Attach Schedule C, S-Corp tax Return with K-1 or Partnership Tax Return)*

– Taxable & Non-Taxable Interest
*(Attach all 1099-INT & year-end statements for non-taxable interest)*

– Taxable & Non-Taxable Dividends
*(Attach all 1099-DIV and year end statements for non-taxable dividends)*

– IRA Earnings
*(Attach a copy of interest, dividends, or capital gains earned). DO NOT include the amount of your distribution.*

– Pension, Annuities & Retirement Plans
*(Attach 1099R statements and include taxable & non-taxable pensions)*

– Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits
*(Attach annual benefit statement)*

– United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits
*(Attach annual benefit statement)*

– Capital Gains
*(Include tax-deferred capital gain distributions statement from financial institution)*

– Rental Income
*(Received from all properties)*

– Rent Received from boarder

– Rental Assistance (subsidy)

– Disability/Workers' compensation payments/ Unemployment Insurance Benefits
*(Attach award letter)*

– Income from Estates or Trusts
*(Attach the Estate or Trust's Income Tax Return)*

– Alimony and/or Child Support Payments received by you
*(Attach court order)*

– Money received from family and/or friends for rent
*(Attach letter stating who you receive money from and how much you receive)*

– Gambling/Lottery Winnings *(Attach 1099-MISC)*

– Public Assistance and/or Other sources of income
*(Attach proof)*

– Cancellation of Debt

**10. What income is excluded from determining eligibility that you do not have to report?**

– Cash gifts

– Inheritance

– Damages awarded from a personal injury lawsuit

– Energy assistance payments

– Income tax refunds

– IRA Rollovers
(IRAs rolled over into other retirement accounts)

– Supplemental Nutrition Assistance Program (SNAP) benefits also formerly known as the Food Stamp Program

**11. What if you or a household member did not have income for the prior year?**

Below is a list of documents that we will accept if you report that you and/or any household member did not have any income during the prior calendar year:

✓ Verification of IRS Non-Filing letter OR

✓ Full time student verification letter OR

✓ A letter from the Social Security Administration indicating that you did not receive benefits during 2016

**12. Who can I contact if I have questions regarding my benefit or application process?**

If you have access to a computer, you can submit an inquiry on the Department of Finance website by visiting **nyc.gov/contactdrie** for questions about DRIE. You may also call 311 or visit our Walk-In Center at:
66 John Street, 3rd Floor
New York, NY, 10038
Hours of Operation: Monday–Friday, 8:30 a.m.– 4:30 p.m.

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**.

**13. Who can I contact if I do not understand a decision that was made regarding my application or benefit?**

All Rent Freeze Program applicants who have received an official exemption approval, denial, or revocation notice have the right to get help resolving concerns with their SCRIE/DRIE application and benefit. The SCRIE/DRIE Ombudsperson can identify and resolve issues with your application or benefit after you have completed the application process. You may contact them by visiting the DOF website at **nyc.gov/contactscrieombuds** for help with SCRIE or **nyc.gov/contactdrieombuds** for help with DRIE.

**14. What can I do if I missed the six months deadline to file my renewal application or any other deadline related to the Rent Freeze Program (RFP) program?**

If you needed more time to submit your application or meet any other deadline due to a disability or physical or mental impairment, you can request additional time. If you need help or have questions regarding a disability or requesting additional time, please call 311 and ask for the Department of Finance's Disability Service Facilitator; contact **nyc.gov/contactdofeeo**; or visit our office at 66 John Street, 3rd Floor, New York, N.Y., Monday to Friday, 8:30 a.m. to 4:30 p.m.

Even if you do not have a disability or physical or mental impairment, you may still qualify if you missed the deadline because of exceptional circumstances during the time to file your application and your benefit expired fewer than 12 months ago. If you were hospitalized for a temporary medical condition, or your apartment was damaged by fire, flood, a natural catastrophe, or other exceptional circumstances occurred, you may submit a statement of the specific circumstances along with any documentation of your claim with your application. If you have any questions, please contact 311 and ask for the SCRIE/DRIE unit, or visit **nyc.gov/contactscrie** or **nyc.gov/contactdrie**.

**15. What are my options if I have a permanent loss of income?**

If there has been a permanent loss of 20% or more of the income you reported on your prior application, you may apply for a redetermination of your frozen rent by filing a Redetermination Application, which can be found on our website at **nyc.gov/rentfreeze**. You must provide proof of your current income with the Redetermination Application. *NOTE: The loss of income must be considered permanent.*

**16. What happens if the primary benefit recipient passes away or has permanently moved into a nursing home?**

If the primary benefit recipient passes away, has permanently moved into a nursing home or has otherwise permanently vacated the apartment, a household member who meets the eligibility criteria for the Rent Freeze Program, who has been listed on a previous application, and has been granted succession rights may qualify for a benefit takeover. A benefit takeover application should be filed within 6 months of the primary benefit recipient passing away or moving, or 90 days after the Department of Finance sends a revocation notice, whichever date is later.

If you are a remaining household member AND meet all the eligibility requirements for DRIE, you must submit the following:

**For yourself:** A benefit takeover application AND

A rent agreement reflecting you as the tenant of record or co-tenant OR

A letter from your building management specifying that you have succession rights to the apartment OR

A court order granting you succession rights to the apartment

**For primary benefit recipient:** Proof that the primary benefit recipient has passed away by providing a death certificate. For a primary benefit recipient who has permanently moved out of the apartment, proof may include a letter from a nursing home, a lease or letter from your landlord or managing agent, or federal, state or local government issued ID reflecting the new address.

**17. How can I obtain forms?**

All forms can be downloaded by visiting our website at **nyc.gov/rentfreeze**. Forms are also available in our Walk-In Center. You can also request a form to be mailed to you by calling 311.

**18. What can I do if I want to dispute my legal rent amount?**

For lease inquiries, to resolve rent disputes, or to file a complaint because your landlord has not provided a lease, tenants can contact the Division of Housing and Community Renewal (DHCR). DHCR can be contacted:

**In Person:** Gertz Plaza, 92-31 Union Hall Street, Jamaica, New York 11433

**By Phone:** 718-739-6400

**By Email:** RentInfo@nyshcr.org