



# DRIE Disability Rent Increase Exemption

## RENT STABILIZED 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 2015 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?  Yes  No  
*(applies only if your DRIE benefit began after July 1, 2015)*

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

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

If you require a disability or medically related accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, we invite you to contact the Disability Services Facilitator through 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).
- ✓ Renewal lease that has been signed by you and your landlord. In lieu of the Lease, you may submit a Certification without a Lease form and other proof of residency such as a current utility bill if your landlord has failed to provide a lease (for this renewal period). This Certification without a Lease form is available on our website at [nyc.gov/rentfreeze](http://nyc.gov/rentfreeze) or you may call 311 to request a copy to be mailed to you. *NOTE: This Certification without a Lease form is in addition to your completed Renewal Application form and can only be used for one renewal cycle.* You must make every effort to request and submit the lease.
- ✓ Submit proof of 2015 income for ALL household members, including yourself.

**Additional documents required, only if applicable.**

- ✓ If you pay a lower rent (sometimes called preferential rent), include a copy of your preferential lease rider that is attached to your lease.
- ✓ If you received a rent increase due to a Major Capital Improvement, provide the Division of Homes and Community Renewal (DHCR) Approval Order.
- ✓ If your rent was increased due to an appliance or individual apartment improvement, include a copy of the agreement between you and your landlord.

## **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 2015 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 benefit you and all household members received from the Social Security Administration in 2015. *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)**

You must also include any Social Security Disability Income (SSDI) received by all household members. *Refer to all benefit award letters for benefits received in 2015.*

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

You must also include any Supplemental Security Income (SSI) received in 2015 by all household members including benefits received for dependent children in the household. *Refer to all benefit award letters for benefits received in 2015.*

**Line 4 – Veterans Affairs (VA) Benefit or VA Disability Pensions/Compensation**

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 disability pension. Submit copies of all benefit letters from the Department of Veterans Affairs indicating how much was received in 2015.

**Line 5 – Wages/Salaries/Tips**

Enter the total amount of wages, salaries, and tips, received by you and all household members in 2015. *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 2015.

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

Enter the total amount of Workers' Compensation received by you and all household member in 2015. 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 2015. *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 2015. 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 2015. *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 2015. *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 2015. Attach a copy of your end of year earnings statement for 2015. *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 2015. Attach a copy of your end of year earnings statement for 2015. *DO NOT include the total distribution amounts.*

**Line 14 – All Other Income**

Enter all other income received in 2015. Other income includes (but is not limited to) 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.**

Please complete but do not submit with your application.

## Household Income Worksheet

Sources of Income Received		Applicant	Household Member #1	Household Member #2	TOTALS
<b>1</b>	Social Security Benefits (SSA) <i>(SSA-1099 box 5, IRS Form 1040 line 20a)</i>	\$	\$	\$	\$
<b>2</b>	Social Security Disability Insurance (SSDI) <i>(SSDI Benefit Statement)</i>	\$	\$	\$	\$
<b>3</b>	Supplemental Security Insurance (SSI) <i>(SSI Benefit Statement)</i>	\$	\$	\$	\$
<b>4</b>	Veterans Affairs (VA) Benefit or VA Disability Pensions/Compensation <i>(Annual benefit statement gross distributions)</i>	\$	\$	\$	\$
<b>5</b>	Wages/Salaries/Tips <i>(W-2 box 1, 1099-MISC box 7, IRS Form 1040 line 7, NYS Form IT-201 line 1)</i>	\$	\$	\$	\$

Please complete but do not submit with your application.

## Household Income Worksheet (Continued)

Sources of Income Received		Applicant	Household Member #1	Household Member #2	TOTALS
<b>6</b>	Pension <i>(1099R box 1, total annual pension from pension statement, IRS Form 1040 line 16a)</i>	\$	\$	\$	\$
<b>7</b>	Disability/Workers' Compensation Payments <i>(Attach award letter)</i>	\$	\$	\$	\$
<b>8</b>	Taxable & Non-Taxable Interest <i>(1099-INT box 1, IRS Form 1040 lines 8a and 8b)</i>	\$	\$	\$	\$
<b>9</b>	Public Assistance Cash Award <i>(PA Budget letter)</i>	\$	\$	\$	\$
<b>10</b>	Business Income <i>(1040 line 12—DO NOT include a loss, NYS Form IT-201 line 6)</i>	\$	\$	\$	\$
<b>11</b>	Capital Gains <i>(IRS Form 1040 line 13, NYS Form IT-201 line 7—DO NOT include a loss)</i>	\$	\$	\$	\$

Please complete but do not submit with your application.

## Household Income Worksheet (Continued)

Sources of Income Received		Applicant	Household Member #1	Household Member #2	TOTALS
<b>12</b>	IRA Earnings <i>(End of year earnings statement—DO NOT include the amount of your distribution)</i>	\$	\$	\$	\$
<b>13</b>	Annuities Earnings <i>(End of year earnings statement—DO NOT include the amount of your distribution)</i>	\$	\$	\$	\$
<b>14</b>	All Other Income <i>(refer to FAQ guide for a list of income sources)</i>	\$	\$	\$	\$
<b>15</b>	<b>INCOME TOTAL</b> <b>(Add lines 1 through 14)</b> <b>+</b>	\$	\$	\$	\$

Applicable Deductions					
<b>16</b>	Federal income taxes paid <i>(W-2 box 2, Form 1099—federal income tax withheld box)</i>	\$	\$	\$	\$

Please complete but do not submit with your application.

## Household Income Worksheet (Continued)

Applicable Deductions		Applicant	Household Member #1	Household Member #2	TOTALS
<b>17</b>	State income taxes paid (W-2 box 17, Form 1099—State tax withheld box)	\$	\$	\$	\$
<b>18</b>	Local income taxes paid (W-2 box 19)	\$	\$	\$	\$
<b>19</b>	Social Security taxes paid (W-2 box 4)	\$	\$	\$	\$
<b>20</b>	<b>DEDUCTION TOTAL</b> (Add lines 16 through 19) <b>+</b>	\$	\$	\$	\$
<b>21</b>	<b>TOTAL INCOME</b> (line 15 minus line 20) <b>-</b>	\$	\$	\$	\$

## 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 add your 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 2015.

#### 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 2015, check the box provided.

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 2015 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.

## How to Complete this DRIE Renewal Application (Continued)

- 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 the listed household member did not receive any income in 2015, check the box provided.

### Section 4: Lease Information

Indicate if you signed a one year or two year lease. If your landlord has not provided you with a renewal lease, indicate so by checking the box, completing the Certification without a Lease form, and attach other proof of residence such as a current utility bill.

Indicate if your rent increased due to a Major Capital Improvement (MCI) in your building. If applicable, provide a copy of the Division of Homes and Community Renewal (DHCR) approval order with your application. Your landlord should provide you with the DHCR approval order. Examples of major capital improvements may be new elevators, roof repair, courtyard improvement, etc. If your rent did not increase due to a major capital improvement, indicate so by checking no.

Indicate if your rent increased due to renovations to your apartment or you received new appliances. If applicable, provide a copy of the agreement with your application. Your landlord should provide you with an agreement specifying the rent increase amount and effective date. If your rent did not increase due to an individual apartment improvement/new appliance, indicate so by checking no. *NOTE: Rent increases due to individual apartment improvements are not covered by DRIE. These increases will be added to your frozen rent.*

Please complete but do not submit with your application.

### **Section 5: Certification**

After reading the certification, sign it, print your name and write the date in the spaces provided. Review your application and ensure that all questions are answered. Provide a copy of all proof of income for 2015 for yourself and all household members. Provide a copy of your signed renewal lease. If applicable, provide a copy of your lease rider, MCI approval orders, or any individual apartment improvement/appliance rent increase agreements.

#### **Mail your application to:**

**New York City Department of Finance**

**DRIE Unit**

**59 Maiden Lane, 22nd Floor**

**New York, NY 10038.**

# DRIE Disability Rent Increase Exemption

## RENT STABILIZED 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		

**DRIE** Disability Rent Increase Exemption  
RENT STABILIZED RENEWAL APPLICATION

**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		

**DRIE** Disability Rent Increase Exemption  
 RENT STABILIZED 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)		
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"/> Pension <input type="checkbox"/> IRA/Annuity Earnings <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Capital Gains <input type="checkbox"/> Public Assistance <input type="checkbox"/> Wages <input type="checkbox"/> Business Income <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Interest <input type="checkbox"/> Rent paid to you by boarder(s): _____ <input type="checkbox"/> Other: _____		
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> I had no income in 2015

**DRIE** Disability Rent Increase Exemption  
 RENT STABILIZED RENEWAL APPLICATION

**3. HOUSEHOLD MEMBERS AND INCOME (CONTINUED)**

**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"/> Pension <input type="checkbox"/> IRA/Annuity Earnings <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Capital Gains <input type="checkbox"/> Public Assistance <input type="checkbox"/> Wages <input type="checkbox"/> Business Income <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Interest <input type="checkbox"/> Other: _____		
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> This household member had no income in 2015

**DRIE** Disability Rent Increase Exemption  
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**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"/> Pension <input type="checkbox"/> IRA/Annuity Earnings <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Capital Gains <input type="checkbox"/> Public Assistance <input type="checkbox"/> Wages <input type="checkbox"/> Business Income <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Interest <input type="checkbox"/> Other: _____		
TOTAL INCOME FROM 2015	TOTAL DEDUCTIONS FOR 2015	<input type="checkbox"/> This household member had no income in 2015

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

**DRIE** Disability Rent Increase Exemption  
RENT STABILIZED RENEWAL APPLICATION

**4. RENT INFORMATION: LEASE INFORMATION (SELECT ONE)**

Check if you signed a new one year or two year lease:

1 year lease     2 year lease     My landlord did not provide a lease

Was your rent increased due to a major capital improvement?     Yes     No     I don't know

*If yes, submit the DHCR approval order provided by your landlord.*

Was your rent increased due to receiving a new appliance or individual apartment renovation?     Yes     No     I don't know

*If yes, provide a copy of the agreement provided by your landlord.*

***NOTE: You must send in all supporting documentation or your application cannot be processed.***

**DRIE** Disability Rent Increase Exemption  
RENT STABILIZED 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. I authorize the Department of Finance to review my state and federal tax returns to verify my income. I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements and benefits and I may be asked to provide proof of my household income upon request.

PRINT NAME OF PRIMARY APPLICANT	
SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/COURT APPOINTED GUARDIAN	
SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	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.*

## **DRIE** Disability Rent Increase Exemption RENT STABILIZED RENEWAL APPLICATION

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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. Such 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. Such 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.

**DRIE** Disability Rent Increase Exemption  
RENT STABILIZED RENEWAL APPLICATION

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 2015? 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 signed lease?
- Obtain a copy of your preferential lease rider, DHCR Approval Order, MCI Order, or rent increase agreements, if applicable?

**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.

## 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 and to as well as 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 benefits. 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](http://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. What if I pay a rent lower than my legal rent amount as listed on my lease?**

For purposes of the Rent Freeze Programs, paying a lower rent, sometimes called preferential rent, is viewed as an agreement between the tenant and landlord. Therefore, the frozen rent will be based upon your legal registered rent. You may continue to pay the lower amount as under your agreement with your landlord even though your frozen rent shown on your approval notice for DRIE is higher.

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

Household members are considered to be the head of household 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.

### **7. 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.*

### **8. What if I am not able to physically sign the application or lease?**

An authorized Power of Attorney (POA) or court appointed guardian may sign documents on behalf of the primary beneficiary. Please submit copies of the power of attorney or court order 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.

## 9. What are applicable deductions?

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

## 10. 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)*
- Salary/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 Compensation Benefit  
*(Attach award letter)*
- Capital Gains  
*(Include tax-deferred capital gain distributions statement from financial institution)*
- Rental Income  
*(Received from all properties)*
- Rental Assistance (subsidy)
- Rent Received from Boarder
- 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

### **11. 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

### **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](http://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.

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

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 benefits. The SCRIE/DRIE Ombudsperson can identify and resolve issues with your application or benefits after you have completed the application process. You may contact them by visiting the DOF website at [nyc.gov/ombudscrie](http://nyc.gov/ombudscrie) for help with SCRIE or [nyc.gov/ombuddrie](http://nyc.gov/ombuddrie) for help with DRIE.

#### **14. What can I do if I missed the 6-month deadline to file my renewal application?**

DOF has enacted an “extension to file” policy in compliance with the Americans with Disability Act (ADA). Under the ADA, applicants may qualify for additional time if a disability prevented the applicant from complying with the renewal application deadline. The applicant must file a Reasonable Accommodation Request (RAR) form and submit it to the agency EEO officer with supporting medical documentation. If an accommodation for extension to file is approved, all renewal documents must be submitted to prove continued eligibility.

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

If there has been a permanent loss of 20% or more of income that was reported on from the prior application, you may apply for a redetermination of your frozen rent by filing a Redetermination Application. You must provide proof of 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 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](http://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 have any issues regarding my lease or 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 Homes 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](mailto:RentInfo@nyshcr.org)