



NYC DEPARTMENT OF FINANCE

**REQUEST FOR AN EXTENSION OF TIME DUE TO A
DISABILITY OR PHYSICAL OR MENTAL IMPAIRMENT**

**SCRIE/
DRIE**

Eligibility: Any tenant who needs more time to submit an application or document, or meet any other Rent Freeze Program deadline, due to a disability or physical or mental impairment may be eligible for an extension of time as a reasonable accommodation for such disability.

Instructions: You may use this form to request an extension of time to apply for or renew Rent Freeze Benefits, appeal the termination of Rent Freeze Benefits, or apply for a benefit takeover. Submit this form with supporting medical documentation to:



**NYC Department of Finance, Attention: EEO Office,
345 Adams Street, 3rd Floor, Brooklyn, NY 11201.**

If you need assistance or if you have questions regarding this application, please call 311 and ask for DOF's Disability Service Facilitator, or send us a message at nyc.gov/contactdofeeo.

You may also visit our Rent Freeze Program office at 66 John Street, 3rd floor, New York, NY 10038. We are open Monday through Friday, between 8:30 a.m. and 4:30 p.m.

SECTION 1 – SCRIE/DRIE Benefit Information

SCRIE/DRIE Docket Number: _____

Tenant Name _____

Tenant Address: _____ Apt. #: _____
Building Number Street Name

Borough: _____ Zip Code: _____ Tenant Phone: _____

Tenant's Email Address: _____

Date Benefit was Denied or Terminated, or Deadline Expired (if known): _____

Is the tenant facing eviction/court case? Yes No

SECTION 2 – Applicant Information

If the Request for An Extension of Time Due to a Disability or Physical or Mental Impairment is being submitted by a person other than the tenant, please fill out the following:

Relationship to Tenant: _____

Name: _____ Phone: _____

Email Address: _____

SECTION 3 – Reason For Request

Reason for Request for additional time (submit supporting documentation of disability or physical or mental impairment):

The tenant needed more time because of a disability or physical or mental impairment.



If you would like copies of all your SCRIE/DRIE notices to be sent to an additional person, please complete the following:

SECTION 4 – Tenant Representative

Name:	Relationship to Tenant:	Phone#: ()
Address:	City:	State: Zip:
Email Address:		

SECTION 5 – Certification

I hereby affirm under the penalty of perjury that the statements within this application are true, correct, and complete to the best of my knowledge.

Signature of Applicant

Date

Documentation Checklist

- Did you complete all questions on this Request for an Extension of Time form?
- Did you sign and date this Request for an Extension of Time form?
- Did you include a copy of any relevant medical documentation supporting your Request for an Extension of Time?

Please note that approval of an extension of time to file does not guarantee your eligibility to receive Rent Freeze Benefits. Submission of additional documents may be required by the SCRIE/DRIE Unit to determine eligibility for the Rent Freeze Benefits.

General Information and Assistance

If you need help or have questions please contact 311 or visit nyc.gov/contactdofeeo. You can visit our SCRIE/DRIE office at 66 John Street, 3rd Floor, New York, NY. We are open Monday through Friday, between 8:30 AM and 4:30 PM.