



DRIE

NYC DEPARTMENT OF FINANCE • PROGRAM OPERATIONS DIVISION

FOR OFFICE USE ONLY

**DISABILITY RENT INCREASE EXEMPTION
INITIAL APPLICATION**

Please complete this form in full and mail it back with all required documents to:

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

SECTION 1 - ELIGIBILITY REQUIREMENTS

To qualify for the Disability Rent Increase Exemption, you must:

- Be at least 18 years old
- Be named on the lease or rent order or have been granted succession rights to the apartment
- Rent an apartment defined as eligible under the law (Rent Stabilized, Rent Controlled, Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) cooperative, Section 213 cooperative)
- Have a total household income of \$50,000 or less after allowable deductions*
- Pay more than one-third of the household monthly income for rent
- Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), VA Disability Pension, VA Compensation, or Disability-related Medicaid.

*Allowable deductions are Federal, State, Local and Social Security taxes paid.

Tenants who live in private homes, a New York City Housing Authority development and/or receive Section 8 rental subsidies do not qualify for DRIE benefits.

SECTION 2 - APPLICANT INFORMATION

1. Name of Tenant: a. _____ b. _____
FIRST NAME LAST NAME

2. Address: _____ 3. _____ 4. Apt. #: _____
NUMBER STREET NAME

5. City: _____ 6. Zip Code: _____ 7. Telephone (____) _____

8. Address: _____ 9. Date of Birth: _____

10. Indicate total number of rooms and windows: Rooms _____ Windows _____

11. Check one indicating your apartment type: Rent Stabilized Rent Controlled Rent Regulated Room or Hotel
 HDFC coop Section 213 coop Mitchell-Lama
(Also Limited Dividend and Redevelopment)

12. Check all that applies to your rent increase: 1-yr renewal lease 2-yr renewal lease Fuel Building Improvement (MCI)
 Carrying charge increase Temporary surcharge or assessment
 Maximum Collectible Rent (MCR) Other: _____

13. Specify which federal disability benefit(s) you receive. Check all that apply: SSI SSDI
 VA Disability Pension/VA Compensation Disability-related Medicaid

14. Have you ever applied for DRIE before? Yes No If "Yes", enter the ID Number: _____

SECTION 3 - TENANT REPRESENTATIVE

You can have copies of your DRIE notices sent to another person (in addition to you). To select a representative, please complete the following:

1. Name of Representative: _____ 2. Email Address: _____

3. Address: _____ 4. _____ 5. Apt. #: _____
NUMBER STREET NAME

6. City: _____ 7. Zip Code: _____ 8. Telephone (____) _____

SECTION 4 - HOUSEHOLD MEMBERS AND INCOME**HOUSEHOLD MEMBERS:** Include yourself and all co-tenant(s) and their income for the calendar year prior to this application.**BOARDERS:** Indicate all boarders and include the amount of rent they pay to you. Family members are not considered boarders.

HOUSEHOLD MEMBER/BOARDER	SOCIAL SECURITY	VA	PENSION	WAGES AND	INTEREST AND	ALL OTHER INCOME
	SSA, SSI, SSD	BENEFITS	ANNUITY, IRA	UNEMPLOYMENT	DIVIDENDS	For ex.: Boarder, Public Assistance
SELF 						
SSN:						
NAME:						
DATE OF BIRTH:						
RELATIONSHIP TO YOU:						
SSN:						
NAME:						
DATE OF BIRTH:						
RELATIONSHIP TO YOU:						
SSN:						

If there are more than 3 household members, please provide information on a separate sheet.

SECTION 5 - CERTIFICATION

I hereby affirm under penalties provided by law that I currently reside at this address and have examined this application and the accompanying documents, and, to the best of my knowledge and belief, the information provided herein is true, correct and complete.

I understand and agree that if I fail to disclose all household income, including income of tenants (family or non-family) or any changes to the number of household residents, I may be held responsible to repay the City the full amount of any DRIE benefits received improperly plus any interest charges.

I authorize the release of my information to other agencies for the purpose of determining my eligibility for other entitlements or benefits. I authorize the Department of Finance to review my state and federal income tax returns to verify my income.

SIGNATURE OF TENANT _____

PRINT NAME _____

DATE _____

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 gives written authorization to the Department of Finance.

STOP! Final Checklist Before You Mail

- Did you complete all questions on the application?
- Did you sign and date the application?
- Did you include a copy of your Social Security or VA disability award letter specifying the benefit award date?
- Did you include proof of your age?
- For Rent Stabilized Apartments: Did you include a copy of your prior and current lease signed by both you and your landlord? *Please note: The lease must clearly state terms of either a one- or a two-year lease.*
- For Rent Controlled Apartments: Did you include a copy of the Notice of Maximum Collectible Rent (MCR Form No. RN-26) and the Certification of Fuel Cost Adjustment (Form No. RA33.10) for the prior and current year?
- For Rent Regulated Rooms and Hotels: Did you include a copy of a rent increase letter signed by your landlord and a copy of the DHCR Rent History or DHCR apartment registration?
- For Mitchell-Lama, Section 213 coop and HDFC coop apartments: Did you include a rent printout or letter from your management office specifying the start date, and the amount of your most recent rent increase?
- For Building Improvements (Major Capital Improvement): Did you include a copy of the building improvement (MCI) increase? *Please note: Rent increases for new appliances (stove, refrigerator, etc.) are not covered by DRIE.*
- Did you include proof of income for all household members including yourself and co-tenants for the calendar year prior to the application? Proof of income includes, but is not limited to:

- Income tax returns (if filed)
- Social security benefit statement (SSA/SSI/SSD)
- 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 friend/family stating amount of monetary assistance

GENERAL INFORMATION AND ASSISTANCEIf you need help or have questions please contact 311 or visit nyc.gov/contactdrie.

You can visit our 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.