



DISABILITY RENT INCREASE EXEMPTION (DRIE) REDETERMINATION APPLICATION

Please mail this completed application with all required documents to
NYC Department of Finance - Rent Freeze Program - DRIE, P.O. Box 3179, Union, NJ 07083

SECTION 1 - ELIGIBILITY REQUIREMENTS

Use this application to apply for a redetermination of your DRIE frozen rent amount because you have experienced a permanent loss of 20% or more of your combined household income as compared to the income you reported in your last approved DRIE application. You must meet the requirements below in order to have your frozen rent reduced:

- You must be listed as the DRIE primary tenant*;
- You must present proof that you have sustained a loss of 20% or more of your combined household income as reported in your last approved DRIE application, due to the death **OR** permanent move to a nursing home of a household member **OR** if a household member has permanently left the household. If you believe you have sustained a permanent loss of income for any other reason not listed above you can submit this form along with documented proof.
- You must present a death certificate or letter from a nursing home indicating move is permanent, **OR**
- You must present proof of legal separation or divorce, or an affidavit attesting to the fact that the household member has **permanently** moved or left the household along with proof of residency for household member that has moved or left household (i.e. lease, State ID or Utility bill with new address).

*If you are not in our records as the primary DRIE tenant, but have been listed as a household member, and the primary tenant has passed away or moved permanently to a nursing home, you must also complete a Benefit Takeover Application. For further information or instructions, please visit nyc.gov/DRIE, contact 311 or visit nyc.gov/contactdrie.

SECTION 2 - APPLICANT INFORMATION

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

2. DRIE ID Number: _____

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

6. City: _____ 7. State: _____ 8. Zip Code: _____

9. Daytime Phone Number: (_____) _____ 10. Email Address: _____

SECTION 3 - INFORMATION FOR HOUSEHOLD MEMBER WHO PASSED AWAY OR HAS PERMANENTLY MOVED TO NURSING HOME

11. Name: _____ 12. _____
FIRST NAME LAST NAME

13. Did household member pass away, move or leave the home? _____ 14. Date of Death: _____ **OR** Date permanently moved or left household: _____

15. If moved, What is nursing home name? _____

SECTION 4 - TENANT REPRESENTATIVE

You can have copies of your DRIE notices sent to another person (in addition to you). You may already have identified your representative during your initial or renewal process. If you would like to change your representative, please complete the fields below. If you have no changes, please leave the fields blank.

16. Name of Representative: _____ 17. Email Address: _____

18. Address: _____ 19. _____ 20. Apt. #: _____
NUMBER STREET NAME

21. City: _____ 22. Zip Code: _____ 23. Telephone: (_____) _____

