



DISABILITY RENT INCREASE EXEMPTION (DRIE) APPLICATION FOR BENEFIT TAKEOVER

Please mail this completed application with all required documents to:
NYC Department of Finance - DRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038

SECTION 1 - ELIGIBILITY REQUIREMENTS

Use this form to have a DRIE benefit transferred to you from a current DRIE beneficiary who has permanently left the household (moved, died, permanently placed in a nursing home, etc.) To qualify, you must:

- Have been listed as a household member of the DRIE beneficiary on prior DRIE applications
- Be named on the lease or rent order or have been granted succession rights to the apartment
- Be at least 18 years old
- Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), VA Disability Pension, VA Compensation, or Disability-related Medicaid
- Have an annual household income of \$50,000 or less
- Present a death certificate or a letter from nursing home stating move is permanent for the current DRIE tenant
- Present proof of legal separation or divorce or an affidavit attesting to the fact that the household member has permanently moved or left 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)

NOTE: You must submit this application within six (6) months of the DRIE beneficiary's death or permanent move or ninety (90) days of date of the tenant deceased notice from the Department of Finance, whichever is later.

SECTION 2 - DRIE TENANT INFORMATION

Please indicate information of DRIE tenant who recently passed away or was permanently moved into a nursing home.

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

2. DRIE ID Number: _____

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

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

9. Did household member pass away, move or leave the home? _____ 10. Date of death: _____ OR Date permanently moved or left household: _____

SECTION 3 - NEW TENANT OF RECORD INFORMATION

11. Name of New tenant: a. _____ b. _____
FIRST NAME LAST NAME

12. Tenant's Address: _____ 13. _____ 14. Apt. #: _____
NUMBER STREET NAME

15. City: _____ 16. State: _____ 17. Zip Code: _____

18. Telephone: (_____) _____ 19. Social Security Number: _____

20. Date of Birth: _____ 21. Relationship to DRIE Tenant: _____

If you have experienced a permanent loss of 20% or more of your combined household income compared with the income reported in the last approved DRIE application, you may apply for a redetermination of the frozen rent. If so, please check the box below.

Yes, I would like to apply for a redetermination.

SECTION 4 - TENANT REPRESENTATIVE

You can have copies of your DRIE notices sent to another person (in addition to you). If you would like to add a representative, please complete the fields below. If you do not want copies sent to another person, please leave the fields blank.

22. Name of Representative: _____ 23. Email Address: _____

24. Address: _____ 25. _____ 26. Apt. #: _____
NUMBER STREET NAME

27. City: _____ 28. Zip Code: _____ 29. Telephone: (_____) _____

