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: Rent Freeze Program, P.O. Box 3179, Union, NJ 07083.

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.

To request an appointment for assistance visit www.nyc.gov/dofappointments.

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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to Tenant:</th>
<th>Phone#: (   )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</table>

**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. To request an appointment for assistance visit www.nyc.gov/dofappointments.