



SCRIE Rent Freeze Programs

DRIE BENEFIT TAKEOVER APPLICATION INFORMATION

Please read but do not submit with your application

This is an application for eligible household members to have a SCRIE or DRIE benefit transferred to them from the primary benefit recipient who has passed away or permanently left the household (moved or currently residing in a nursing home). Follow these steps to see if you may qualify:

Step 1: Complete Pre-Qualifying Checklist

If you pre-qualify, please submit the attached application and all required documents for processing. You **MUST** submit this application within six (6) months of the primary benefit recipient's death or permanent move or within ninety (90) days of the date of the "tenant deceased revocation" notice from the NYC Department of Finance, whichever is later.

Step 2: Read the documentation requirements and gather all necessary information

Step 3: Complete the Benefit Takeover Application

Step 4: Submit your application with all supporting documentation

BY MAIL:

New York City Department of Finance
SCRIE/DRIE Unit
59 Maiden Lane, 22nd Floor
New York, NY 10038

IN PERSON:

SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at nyc.gov/contactdofeeo or call 311.



SCRIE Rent Freeze Programs

DRIE BENEFIT TAKEOVER PRE-QUALIFYING CHECKLIST

Please read but do not submit with your application

Are you eligible for a SCRIE Benefit Takeover?

Please answer the following questions:

Were you 62 years of age or older at the date of death or permanent move of the current primary benefit recipient? Yes No

Were you listed as a household member on the current primary benefit recipient's SCRIE application? Yes No

Are you named on the lease or rent order or have you been granted succession rights to the apartment? Yes No

Is your total household income \$50,000 or less? Yes No

If you answered YES to all of these questions, you MAY BE eligible for a SCRIE benefit takeover.

Please read but do not submit with your application

Are you eligible for a DRIE Benefit Takeover?

Please answer the following questions:

Were you 18 years of age or older and awarded Federal Supplemental Security Income (SSI), Federal Social Security Disability Insurance (SSDI), U.S. Department of Veteran Affairs (VA) disability pension or VA disability compensation, U.S. Postal Service (USPS) Disability Pension or Compensation, or Disability-related Medicaid as of date of death or permanent move of the current primary benefit recipient? Yes No

Were you listed as a household member on the current primary benefit recipient's DRIE application? Yes No

Are you named on the lease or rent order or have you rights to the apartment? Yes No

Is your total household income \$50,000 or less? Yes No

If you answered YES to the above questions, you MAY BE eligible for a DRIE benefit takeover.

This application can only be used if submitted between 1/1/2017 and 12/31/2017

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at nyc.gov/contactdofeeo or call 311.

Documentation Requirements to Take Over a SCRIE or DRIE Benefit

The following documents **MUST** be submitted for a benefit takeover:

Proof of death or permanent move

- ✓ Death Certificate, OR
- ✓ Letter from a nursing home stating the effective date of the permanent stay in the facility, OR
- ✓ Proof of legal separation or divorce, OR
- ✓ An affidavit attesting to the permanent move of the current benefit recipient and proof of their new address

Proof of age for the benefit takeover applicant

- ✓ Birth certificate OR
- ✓ Any form of federal, state, or local identification stating date of birth (driver's license, non-driver's ID, Passport, IDNYC)

Proof of Disability (only if applying for DRIE)

- ✓ Notice of Award or other proof showing the award date of your qualifying federal disability benefit

Proof of succession rights to the apartment

- ✓ Current lease or rent order with your name listed as tenant of record, OR
- ✓ Letter from the landlord or managing agent stating that you have been granted succession rights to the apartment

Documentation Requirements if Requesting a Redetermination

A Redetermination can only be processed if the Benefit Takeover is approved. To qualify for a Redetermination based upon the death or permanent move of the current primary beneficiary, you must have experienced a 20% permanent loss in household income compared to the last approved application.

Proof of current household income change

- ✓ Any replacement household income (survivor's benefit, etc.) that was not previously reported
- ✓ Any new household income that was not previously reported
- ✓ If any, provide 2016 income for all new household members that was not previously reported

If you needed more time to submit your application or meet any other deadline due to a disability or physical or mental impairment, you can request additional time. If you need help or have questions regarding a disability or requesting additional time, please call 311 and ask for the Department of Finance's Disability Service Facilitator; contact nyc.gov/contactdofeeo; or visit our office at 66 John Street, 3rd Floor, New York, N.Y., Monday to Friday, 8:30 a.m. to 4:30 p.m.

Even if you do not have a disability or physical or mental impairment, you may still qualify if you missed the deadline because of exceptional circumstances during the time to file your application and your benefit expired fewer than 12 months ago. If you were hospitalized for a temporary medical condition, or your apartment was damaged by fire, flood, a natural catastrophe, or other exceptional circumstances occurred, you may submit a statement of the specific circumstances along with any documentation of your claim with your application. If you have any questions, please contact 311 and ask for the SCRIE/DRIE unit, or visit nyc.gov/contactscrie or nyc.gov/contactdrie.



SCRIE Rent Freeze Programs

DRIE BENEFIT TAKEOVER APPLICATION

Please be sure that the NEW APPLICANT signs the last page of this application.

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

**Mail completed application to:
New York City Department of Finance,
SCRIE/DRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038**

**This application can only be used if submitted
between 1/1/2017 and 12/31/2017.**

1. PRIMARY BENEFIT RECIPIENT

NAME (FIRST, LAST)		DOCKET NUMBER
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER	CELL PHONE NUMBER	
CHECK APPLICABLE		
<input type="checkbox"/> Passed away	Date of Death _____	
<input type="checkbox"/> Permanently moved	Date of Move _____	

2. NEW APPLICANT INFORMATION

NAME (FIRST, LAST)

RELATIONSHIP TO PRIMARY APPLICANT (FROM SECTION 1)

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER

Check the benefit for which you are applying
(See Pre-Qualifying Checklist)

SCRIE

DRIE

If you have experienced a permanent loss of 20% or more of reported in the last approved SCRIE application, you may apply for a Redetermination of the frozen rent.

I would like to apply for a **Redetermination**. (Indicate by checking box)

Note: A Redetermination can only be processed if the Benefit Takeover is approved.

Yes

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator.

If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at **nyc.gov/contactscrie** or **nyc.gov/contactdrie**.

3. TENANT REPRESENTATIVE INFORMATION

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

NAME (FIRST, LAST)/ORGANIZATION			
STREET ADDRESS			APT.
CITY	STATE	ZIP	
TELEPHONE NUMBER		EMAIL ADDRESS	

4. HOUSEHOLD MEMBERS

You must list all current household members and include proof of 2016 income for all new household members who were not reported on the last approved application.

Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE NEW APPLICANT
Was this person reported on the prior approved application? <i>If no, you must provide 2016 proof of income for this household member.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. HOUSEHOLD MEMBERS (CONTINUED)

Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
Was this person reported on the prior approved application? <i>If no, you must provide 2016 proof of income for this household member.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member #3:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
Was this person reported on the prior approved application? <i>If no, you must provide 2016 proof of income for this household member.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. CERTIFICATION

Please read carefully and sign the below certification. Your application is not complete if you do not sign.

I hereby certify under penalties provided by law that I currently reside at the address shown in this application and that the information provided is true and complete.

I understand and agree that if I fail to disclose all income from household members, as well as rental payments made to me from boarders, I may be held responsible to repay the City the full amount of any SCRIE/DRIE benefits received improperly plus any interest charges.

I understand that my income is subject to income verification by the Department of Finance.

- Check this box if you authorize the NYC Department of Finance to use the most recent income tax return received from the Internal Revenue Service and the New York State Department of Taxation & Finance to process your application in lieu of submitting copies of those documents.
- Check this box if you authorize the NYC Department of Finance to release your information to other agencies for the purpose of determining your eligibility for other entitlements and benefits.

SCRIE/DRIE Rent Freeze Programs BENEFIT TAKEOVER APPLICATION

PRINT NAME OF PRIMARY APPLICANT	
SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	
SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	DATE

If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required

** An additional form may be required*

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. Social Security 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. Social Security 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 give written authorization to the Department of Finance.

Please read but do not submit with your application

Did you...

- Review the application to make sure all questions have been answered?
- Sign and date the application?
- Include proof of your age?
- Include proof of death or permanent move of the current primary benefit recipient?
- Include proof of 2016 income for all new household members not reported on the last approved application?
- Include proof of succession rights to the apartment?
- Include proof of disability (only if applying for DRIE)?
- Include proof of 20% permanent less in household income compared with the prior application? (only if applying for a Redetermination)

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator.

If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

Submit your application:

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