



DRIE

**DISABILITY RENT INCREASE EXEMPTION
ADJUSTMENT TO ABATEMENT**

Mail to: NYC Department of Finance, Attn: DRIE, 59 Maiden Lane, 22nd Floor, New York, NY 10038

Instructions: Use this form if you are presently receiving a DRIE benefit and wish to apply for an adjustment to your current abatement due to a fuel cost adjustment, MCI increase or J-51 reduction. Please forward the completed, signed application with a copy of the DHCR Order that you received from the landlord/managing agent.

SECTION I - APPLICANT INFORMATION

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

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

5. Borough: _____ 6. Zip Code: _____

7. Daytime Phone Number: (____) _____ 8. Email Address: _____

9. DRIE Case #: _____

SECTION II - EXEMPTIBLE INCREASE

Increases must be authorized by DHCR for building wide improvements. The exemption can only be granted if the increase for the improvement is applied to all units in the building. (The following is a list of some increases that are not covered by DRIE: doormen, maid service, air conditioning, painting, garages, parking, storage facility and security deposits). Please check reason for the adjustment below. Please attach a copy of the Order Providing MCI Increase.

10. Reason for Adjustment (check one):

- Fuel Cost Increase Major Capital Improvement (MCI) J-51 Reduction

SECTION III - CERTIFICATION

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this application null and void.

Signature of Applicant _____ Date _____

Signature of Preparer (If other than applicant) _____ Date _____

Would you like a copy of the DRIE Abatement Adjustment determination sent to the preparer? Yes No
(If "YES," provide the preparer's name and mailing address, daytime phone, and/or fax number below.)

Name of Preparer: _____
FIRST NAME LAST NAME

Preparer's Address: _____
NUMBER STREET NAME APT. #

_____ (____) _____ (____) _____
BOROUGH ZIP CODE PHONE NUMBER FAX NUMBER