



**DISABILITY RENT INCREASE EXEMPTION (DRIE)  
LANDLORD/MANAGING AGENT NOTIFICATION OF  
TENANT'S INELIGIBILITY FOR DRIE**

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 - INSTRUCTIONS FOR USE OF THIS FORM**

Use this form if you are the landlord/managing agents of DRIE tenants who are no longer eligible to receive DRIE due to:

- Death
- Move
- Approval for other housing benefits, OR
- If you suspect the tenants are receiving benefits to which they are not entitled

Please complete the information requested and submit within 30 (thirty) days of becoming aware of tenant's ineligibility.

**SECTION 2 - APPLICANT INFORMATION**

1. DRIE ID #: \_\_\_\_\_

2. Name of Landlord,  
Managing Agent: a. \_\_\_\_\_ FIRST NAME b. \_\_\_\_\_ LAST NAME

3. Company Name: \_\_\_\_\_

4. Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

5. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Name of Tenant: a. \_\_\_\_\_ FIRST NAME b. \_\_\_\_\_ LAST NAME

8. Property  
Address: \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_  
CITY STATE ZIP CODE

9. I request revocation of the above mentioned tenant from the DRIE program based on (choose reason below):

- It was reported to me that the Tenant passed away on \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- Tenant vacated the apartment and moved on \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- Tenant approved for other housing benefits as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please attach copy of approval notice) MM DD YYYY
- Tenant is not entitled to receive DRIE benefits as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please attach a letter and any supporting documents explaining why the tenant is not eligible or entitled to DRIE) MM DD YYYY

**SECTION 3 - CERTIFICATION**

I understand that I may be debited any TAC (Tax Abatement Credit) issued to this property after the date of death, move, date receiving other housing benefit or date tenant was found to be ineligible and may now have charges due on my property tax bill for those tax periods previously satisfied.

I affirm that the above facts are true and are given to the NYC Dept of Finance, DRIE Program to determine the effective date of the revocation of said DRIE recipient's benefits.

Signature of Landlord / Managing Agent \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please visit [nyc.gov/contactdrie](http://nyc.gov/contactdrie) or call 311.