



NYC DEPARTMENT OF FINANCE

**REQUEST FOR AN EXTENSION OF TIME DUE TO A DISABILITY
OR PHYSICAL OR MENTAL IMPAIRMENT**

Instructions: You may use this form if due to a physical or mental impairment you need more time to submit an application, form, or document to the Department of Finance. Submit your completed form with supporting medical documentation to:

NYC Department of Finance, Attn: EEO Office, 375 Pearl Street, 26th Floor, New York, NY 10038

If you need assistance or have questions regarding this application, please call 311 and ask for DOF's disability service facilitator, or send us a message at www.nyc.gov/contactdofeeo.

You may also visit the Department of Finance at 66 John Street, 3rd Floor, New York, NY 10038. We are open Monday through Friday, between 8:30 a.m. and 4:30 p.m.

Appointments are encouraged, but not required. You can schedule an appointment at www.nyc.gov/dofappointments.

SECTION 1: Applicant Information

Applicant Name _____

Address: _____ Apt. #: _____
 Building Number Street Name

Borough: _____ ZIP Code: _____ Phone: _____

Email Address: _____

SECTION 2: Third Party Information

Please complete the following if this request is being submitted by a person other than the applicant:

Relationship to Applicant: _____

Name: _____ Phone: _____

Email Address: _____

SECTION 3: Rent Freeze or SCHE-DHE Information

Complete this section if you are applying for an extension to submit an application, form, or document related to the Rent Freeze Program, the Senior Citizen Homeowners' Exemption (SCHE), or the Disabled Homeowners' Exemption (DHE).

Rent Freeze Program Docket Number (if applicable): _____

SCHE/DHE Borough-Block-Lot (BBL) Number (if applicable): _____

Date benefit was denied, terminated, or expired (if applicable): _____

Is the applicant facing eviction, foreclosure, or other court action? Yes No

SECTION 4: Certification

I hereby affirm under penalty of perjury that the statements within this application are true, correct, and complete to the best of my knowledge.

Signature of Applicant

Date

Documentation Checklist

- Did you complete all questions on this form?
- Did you sign and date this form?
- Did you include a copy of any relevant medical documentation supporting your request? (We need this documentation in order to process your request.)

Please note that approval of an extension of time to file does not guarantee your eligibility to receive benefits. You may be required to submit additional documents to determine your eligibility.

General Information and Assistance

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