



## **DRIE**

# Disability Rent Increase Exemption SHORT FORM RENEWAL APPLICATION

**Eligibility:** Applicants can submit a short form renewal if they have been previously approved for five or more consecutive benefit periods. If you submit this form and are found ineligible to use it, we will require you to provide proof of your household income.

**Instructions:** Please complete and mail this renewal form with supporting documentation to:

NYC Department of Finance, Attn: Rent Freeze Program - DRIE, P.O. Box 3179, Union, NJ 07083

| SECTION 1: APPLICANT INFORMAT  | ION                   |                |          |                 |  |  |
|--|-----------------------|----------------|----------|-----------------|--|--|
| FIRST NAME:  |                       | LAST NAME:     |          |                 |  |  |
| ADDRESS:   |                       |                |          |                 |  |  |
| SOCIAL SECURITY NUMBER* (IF AVAILABLE):  | DATE OF BIRTH: DOCKET |                | DOCKET N | T NUMBER:       |  |  |
| TELEPHONE NUMBER:  |                       | EMAIL ADDRESS: |          |                 |  |  |
| Has anyone in your household ever served, or are they currently serving, in the U.S. Armed Forces, National Guard, or Reserves? Please select any that apply:  Self Spouse/Partner Child Other (write in)  |                       |                |          |                 |  |  |
| SECTION 2: HOUSEHOLD INCOME IN   |                       |                |          |                 |  |  |
| Has your annual household income increased to over \$50,000 since you filed your last renewal application? Yes No If you answered yes, please submit proof of your total annual household income, as described in Section 6. If you answered no, write your total annual household income amount here: |                       |                |          |                 |  |  |
| SECTION 3: HOUSEHOLD CHANGE  |                       |                |          |                 |  |  |
| Has any household member moved into your apartment since your last renewal? Yes No If you answer yes, provide their name, Social Security number* (if available), and the date they moved in:  |                       |                |          |                 |  |  |
| NAME:  |                       | SSN:           |          | DATE MOVED IN:  |  |  |
| NAME:  |                       | SSN:           |          | DATE MOVED IN:  |  |  |
| Has any household member moved out of your apartment since your last renewal?  If you answer yes, provide their name and the date they moved out:  |                       |                |          |                 |  |  |
| NAME:  |                       |                |          | DATE MOVED OUT: |  |  |
| NAME:  |                       |                |          | DATE MOVED OUT: |  |  |

#### **SECTION 4: TENANT REPRESENTATIVE**

You can designate a representative to receive copies of the notices you receive from the Rent Freeze Program. This is optional, but recommended. If you previously designated a representative and would like to update their information, please do so here.

| , , , , , , , , , , , , , , , , , , , |       |                 | · · ·     |           |
|---------------------------------------|-------|-----------------|-----------|-----------|
| NAME:                                 |       | RELATIONSHIP TO | O TENANT: |           |
|                                       |       |                 |           |           |
| ADDRESS:                              | CITY: |                 | STATE:    | ZIP CODE: |
|                                       |       |                 |           |           |
| EMAIL ADDRESS:                        |       | PHONE NUMBER    | :         |           |
|                                       |       |                 |           |           |

#### **SECTION 5: CONTINUED ELIGIBILITY CERTIFICATION**

Please read carefully and sign the certification below. 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 DRIE benefits received improperly, plus any interest charges.

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

| PRINT NAME OF APPLICANT   | SIGNATURE OF APPLICANT   | DATE |
|---|--|------|
| PRINT NAME OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY | SIGNATURE OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN, IF ANY | DATE |

### **SECTION 6: DOCUMENTS TO INCLUDE WITH YOUR APPLICATION**

- 1) Renewal lease signed by you and your landlord.
- 2) If you answered yes to the question in Section 2, attach the most recently filed federal or state personal income tax returns for proof of household income. If you did not file or are not required to file a tax return, please submit proof of income. Visit www.nyc.gov/rentfreeze, click on the "Other Forms" tab at the top of the page, then click on "Income Worksheet." You can provide copies of all sources of income listed in the worksheet.
- 3) If anyone has moved into the home since your last application, attach their most recently filed income tax returns and be sure to complete Section 3 of this application.
- 4) If anyone has moved out of the home since your last application, provide proof of their new address.

**Note:** Rent controlled applicants should provide the Notice of Maximum Collectible Rent form RN-26 for last year and this year (if available). Rent demand applicants should submit an updated rent demand letter from the management or owner listing the current and prior rent amount. Mitchell-Lama applicants, if your rent increased provide an updated rent receipt, rent increase letter, or a rent printout from your management office.

#### **General Information:**

For general information and questions about DRIE, please send us a message at www.nyc.gov/contactdrie or call 311. To request an appointment for assistance, visit www.nyc.gov/dofappointments.

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 www.nyc.gov/contactdofeeo or by calling 311.

<sup>\*</sup>You must provide your Social Security number or ITIN, if you have such a number, in order to apply for the Rent Freeze Program. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.