



**DRIE**

NYC DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

**DISABILITY RENT INCREASE EXEMPTION  
RENEWAL/RECERTIFICATION**

Mail to: NYC Department of Finance, Attn: DRIE, 59 Malden Lane, 19th Floor, New York, NY 10038

**Instructions:** Use this form if you are presently receiving a DRIE benefit and are recertifying your eligibility status and renewing your application for the DRIE benefit. Finance is required to recertify your eligibility for DRIE benefits at the end of your benefit period indicated on your DRIE Order of Approval. Please forward the completed, signed application and a fully signed copy of your most recent renewal lease or rent order to the address above; or fax to 2-12-232-1757. See attached for further details regarding required proof of residency documents.

**SECTION A - APPLICANT INFORMATION**

1. Name of Applicant with a Disability: 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 Application #: \_\_\_\_\_

10. Current Rent: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

11. New Rent: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**SECTION B - ELIGIBILITY INFORMATION**

12. How many people reside in the household? \_\_\_\_\_

13. How many people in the household receive income of any kind (work, benefits, etc.)? \_\_\_\_\_

14. Please indicate the total/aggregate household income for the previous year: \$ \_\_\_\_\_  
 (Include income for all household members)

15. Are you receiving any of the following benefits? (Check all that apply)

<input type="checkbox"/> Social Security Income (SSI)	<input type="checkbox"/> Social Security Disability Insurance (SSDI)
<input type="checkbox"/> Veteran Disability Pension/Compensation (Must be Military service-related disability pension or compensation)	<input type="checkbox"/> Disability-related Medicaid and have received either SSI or SSDI in the past

16. Do you or any other member of your household receive a Senior Citizen Rent Increase Exemption (SCRIE)?  Yes  No

17. Do you receive Section-8 or any other federal housing subsidy?  Yes  No

**SECTION C - CERTIFICATION**

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I also certify that I continue to meet the DRIE eligibility criteria. 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 with a Disability Date

\_\_\_\_\_  
Signature of Preparer (If other than applicant) Date

Would you like a copy of the DRIE Renewal/Recertification 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

**DRIE RENEWAL/RECERTIFICATION****REQUIRED PROOF OF RESIDENCE DOCUMENTS**

IF YOU LIVE IN A...	YOU MUST SUBMIT...
<b>RENT STABILIZED APARTMENT</b>	<ul style="list-style-type: none"><li>• Renewal Leases - The prior and/or current one or two year lease signed by you and your landlord</li><li>• Preferential rent rider (if applicable)</li><li>• Low Income Housing Tax Credit (LIHTC) or 80/20 or 60/40 rider (if applicable)</li></ul> OR <ul style="list-style-type: none"><li>• DHCR Rent History</li></ul>
<b>RENT CONTROLLED APARTMENT</b>	<ul style="list-style-type: none"><li>• Notice of Maximum Collectible Rent (Form # RN – 26) for prior year</li><li>• Notice of Maximum Collectible Rent (Form # RN – 26) for current year</li><li>• Owner's report and Certification of Fuel Cost Adjustment (form # R33.10) for prior and current year</li></ul>
<b>MITCHELL-LAMA, LIMITED DIVIDEND, REDEVELOPMENT</b>	<ul style="list-style-type: none"><li>• Housing Preservation &amp; Development (HPD) or Division of Housing &amp; Community Renewal (DHCR) Commissioner's Order</li><li>• Rent History detail for the month prior to the most recent base charge/rent increase to present</li><li>• Affidavit of Household Income for the prior year.</li></ul>
<b>HOUSING DEVELOPMENT FUND COMPANY (HDFC)</b>	<ul style="list-style-type: none"><li>• A Notice of Rent / Carrying Charge Increase signed by the HDFC Management</li></ul> OR <ul style="list-style-type: none"><li>• Signed renewal lease (if applicable).</li></ul>
<b>HOTEL-STABILIZED APARTMENT</b>	<ul style="list-style-type: none"><li>• DHCR annual apartment registration for prior and current year</li><li>• Signed rent increase letter from the Management or Owner</li></ul> OR <ul style="list-style-type: none"><li>• DHCR Rent History</li></ul>