



## **DISABILITY RENT INCREASE EXEMPTION (DRIE) APPLICATION FOR BENEFIT TAKEOVER**

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

If you need assistance in completing this application, please call 311.

### **GENERAL INSTRUCTIONS**

Use this application only if you are a surviving family member or domestic partner of the recently deceased DRIE beneficiary, have been granted succession rights and meet DRIE eligibility criteria, which means:

- You must receive a qualifying federal disability benefit (i.e. SSI, SSDI, VA Disability Pension, or VA Compensation).
- Your annual household income is \$27,780 or less for a household of two or more persons, or \$19,284 for a single person household.

This application must be filed within 30 days of the date of death of the beneficiary.

Please answer all questions, sign and return to the address listed below. Remember to specify the DRIE ID number on this application. For further information or instructions, please dial 311 or write to:

**NYC Department of Finance  
DRIE Program  
59 Maiden Lane, 22nd Floor  
New York, NY 10038**

### **APPLICATION CHECKLIST**

**Be sure that you have:**

- Attached copy of death certificate
- Attached copy of your new lease or other proof that succession rights were granted by the landlord
- Included income for all household members
- Proof of last income reported for deceased
- Signed and dated the application



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**Instructions:** Please mail the completed and signed application, with copies of all requested documents.

## SECTION I - DECEASED TENANT INFORMATION

1. DRIE ID #: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
FIRST LAST

3. Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Date of Death: \_\_\_\_\_ 5. Death Certificate Number: \_\_\_\_\_  
MONTH / DAY / YEAR  
*Attach a copy of the Death Certificate to your application.*

## SECTION II - NEW TENANT OF RECORD INFORMATION

1. Name: \_\_\_\_\_  
FIRST NAME LAST NAME

2. Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone: (\_\_\_\_) \_\_\_\_\_ 4. Email Address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ 6. Relationship to Deceased: \_\_\_\_\_  
MONTH / DAY / YEAR

## SECTION III - HOUSEHOLD INFORMATION - List all individuals living in household

	NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.	Self			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
2.				<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
3.				<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

## SECTION IV - INCOME FOR CALENDAR YEAR PRIOR TO APPLICATION - Enter annual amounts

	NAME	SOCIAL SECURITY INCOME	SSI	PENSION	WAGES	INTEREST & DIVIDENDS	PUBLIC ASSISTANCE	OTHER
1.	Self	\$						
2.								
3.								

**SECTION V - SUCCESSION RIGHTS**

1. Name of Landlord/  
 Managing Agent: \_\_\_\_\_  
FIRST NAME LAST NAME

2. Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone: (\_\_\_\_\_) \_\_\_\_\_ 4. Fax: (\_\_\_\_\_) \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. The landlord or managing agent named in this section has issued a new lease in my name and has granted succession rights.  YES  NO

7. To document my succession rights, I am submitting with this application a copy of:

a.  the current revised/amended lease in my name, signed by me and the landlord or managing agent

b.  a letter from the landlord or managing agent on company letterhead stating that I am the tenant of record

c.  court document(s) which grant me the right of succession

**SECTION VI - AFFIRMATION**

I hereby affirm under the penalties provided by law that the statements above are true, correct and complete to the best of my knowledge. I understand that disclosure of the total household income is mandatory to obtain DRIE. All parts of this application are subject to verification. I may be required to provide additional information to support the application. I authorize the release of the above information to the Social Security Administration or other agencies for the purpose of determining my eligibility for other entitlements or benefits.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

**PRIVACY ACT NOTIFICATION**

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants gives written authorization to the Department of Finance.