

DRIE Disability Rent Increase Exemption 2019 PRE-QUALIFYING CHECKLIST

PLEASE COMPLETE BUT DO NOT SUBMIT WITH YOUR APPLICATION

Are you eligible for DRIE?

Please answer the following questions:

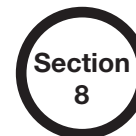
- Are you 18 or older?
- Do you live in a rent stabilized, rent controlled, Mitchell-Lama, limited dividend, redevelopment, housing development fund company (HDFC) cooperative, section 213 cooperative, or rent regulated hotel/single room occupancy unit - and not in a private, NYCHA, or Section 8 housing?
- Is your name on the lease or rent order, or have you been granted succession rights to the apartment?
- Was the combined annual income for everyone living in your apartment less than \$50,000 in 2018?
- Do you spend more than 1/3 of your combined household income on rent?
(See FAQ question 9 for more information.)
- Do you receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits, United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits, or Disability-related Medicaid?



If you answered YES to all of the questions, you may be eligible for DRIE



If you live in one of these apartment types, you are NOT eligible for DRIE:



What you will find in this packet

- Page 2:** Application instructions. (Keep this page for your reference)
- Pages 3-6:** The DRIE application. Complete and submit these pages, with all required documentation.
- Pages 7-8:** An optional income worksheet to help you calculate the combined annual income of your household.
- Pages 9-13:** Some frequently asked questions.

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 nyc.gov/contactdofeeo or call 311.

Application Instructions

Section 1: Applicant Information

For the primary applicant, print your first and last name, date of birth, Social Security Number and full address. If available, provide a primary phone number, cell phone number, and email address. Use the check box to indicate if you or anyone in your household applied for DRIE in the past.

Primary applicant must be receiving a Federal disability benefit. Please be sure to check all that apply in the check boxes provided.

Section 2: Tenant Representative Information

It is strongly recommended that all applicants provide a tenant representative. You can have copies of your notices mailed to another person (in addition to you).

Section 3: Household Members and Income

You must list the total annual income for you (applicant) and all household members for 2018.

Applicant Income Information

- Use the income check boxes to indicate all sources of income. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that you did not receive any income in 2018, check the box provided and provide proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2018 or a statement from the Social Security Administration (SSA) stating no receipt of Social Security benefits for 2018.

Now that you have completed your income information, you will need to complete the income section for each household member. Do not forget to attach proof of 2018 income for you and all household members.

Household Income Information

- Write the first and last name of the household members.
- Provide the date of birth, Social Security Number in the space provided.
- Provide each household member's relationship to you (applicant), for example, spouse, sibling, parent, daughter/son, granddaughter/grandson.
- Use the income check boxes to indicate all sources of income for household members. Indicate any other income, if applicable.
- Provide the total income from line 16 of the income worksheet on page 8
- Provide the total applicable deduction from line 21 of the income worksheet on page 8
- If you would like to certify that a household member did not receive any income in 2018, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2018, full time student verification or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2018.

Section 4: Apartment Type Information

Indicate the type of qualifying apartment you reside in. Include all required documents for the applicable apartment type.

Section 5: Certification

After reading the certification, sign it, print your name and write the date in the spaces provided.

Final Check and Mailing

Review your application and ensure that all questions are answered. Provide a copy of all proof of income for 2018 for yourself and all household members. If applicable, provide any additional documentation as requested in Section 4.

Mail your application to:

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

You may also submit the application in person:

**SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.**



DRIE Disability Rent Increase Exemption 2019 INITIAL APPLICATION

Before you begin:

- Make sure that you, as the primary applicant, sign the last page.
- Mail your completed application and all supporting documentation to: New York City Department of Finance, DRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038.
- If you need assistance, call 311 or send us a message at nyc.gov/contactdrie.

1. APPLICANT INFORMATION

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
PLEASE INDICATE HOW MANY ROOMS DOES YOUR APARTMENT HAVE _____	TELEPHONE NUMBER () —	CELL NUMBER () —
EMAIL ADDRESS	HAVE YOU OR YOUR SPOUSE APPLIED FOR DRIE IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FEDERAL DISABILITY BENEFITS YOU CURRENTLY RECEIVE: (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Supplemental Security Insurance (SSI)	<input type="checkbox"/> United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Disability-related Medicaid and received SSI or SSDI in the past	
<input type="checkbox"/> Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits		

2. TENANT REPRESENTATIVE INFORMATION

You can have copies of your notices mailed to another person (in addition to you). Please provide the name and address of your representative by completing the following Tenant Representative Information Section. Note: If you do not provide a complete name and address, a notice cannot be mailed to your tenant representative.

NAME (FIRST, LAST)	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER () —	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

DRIE 2019 Disability Rent Increase Exemption INITIAL APPLICATION

3. HOUSEHOLD MEMBERS AND INCOME

Complete the income section that follows for you (applicant) and each household member. Supporting income documents must be supplied for all household members. See *Pre-Qualifying Income Worksheet* to calculate total income.

If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Applicant:

NAME (FIRST, LAST)		
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Rent paid to you by boarder(s): _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other: _____
If you retired in the year 2018, please indicate retirement date: _____		
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> I HAD NO INCOME IN 2018

Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2018

Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2018	TOTAL DEDUCTIONS FOR 2018	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2018

DRIE 2019 Disability Rent Increase Exemption INITIAL APPLICATION

4. APARTMENT TYPE (SELECT ONE)

Rent Stabilized

If checked, please submit:

- Current and prior leases signed by both you and your landlord
- Preferential or Low Income Housing Tax Credit (LIHTC) rider, if applicable

LEASE TERM (CHECK ONE)

1 YEAR 2 YEARS

Is this your first lease for this apartment?

Yes No I don't know

Rent Controlled

If checked, please submit:

- Current year (and prior year, if applicable) Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26
- Current year (and prior year, if applicable) Owner's Report and Certification, of Fuel Cost Adjustment Form RA33.10

Rent Regulated Hotel/Single Room Occupancy (SRO)

If checked, please submit:

- Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year
- A letter from management or owner indicating current and prior rents

Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative

If checked, please submit:

- Rent history printout or letter from your management office specifying the date of your last rent increase, and the amount paid before and after the increase. If this is your first rent increase since moving into the apartment, please specify the date you moved into your apartment.
- Affidavit of household income for 2018, if applicable

Note: If your rent increased due to a Major Capital Improvement (MCI), provide the Division of Housing and Community Renewal (DHCR) Approval Order.

5. CERTIFICATION

Please read carefully and sign the below certification. 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 income verification by the Department of Finance.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN	DATE

If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required.

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. Social Security Numbers disclosed on any reports or returns 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. Social Security 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 give written authorization to the Department of Finance.

Before you submit your application:

- Did you check over the application to make sure all questions have been answered?
- Did you sign and date the application?
- Did you include proof of your age, such as a copy of your birth certificate or government-issued photo identification?
- Did you include proof of rent, as specified in section 4 of the application?
- Did you include proof of income for all household members, including yourself and any co-tenants, for 2018?
- Did you include proof you are receiving a qualifying disability benefit?

To prove your income:

- Submit copies of 2018 federal and state tax returns, and any schedules/attachments, for yourself and every household member.

OR, submit alternative income verification documents for yourself and every tenant who did not file a tax return last year. Alternative verification documents include, but are not limited to:

- Social Security benefit statement
- IRA/annuity end-of-year statement
- Pension statement
- Signed letter from a boarder confirming rental payments
- Public assistance budget letter
- Disability/workers' compensation statements
- Student status letter for any non-working students living in the household
- Signed letters from any individuals, including friends and family members, who have loaned you money

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

Submit your application:

BY MAIL:

New York City Department of Finance
DRIE Unit
59 Maiden Lane, 22nd Floor
New York, NY 10038

IN PERSON:

SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.

NOTE: This application can only be used if submitted between 1/1/2019 and 12/31/2019. You must send in all supporting documentation or your application cannot be processed.

SCRIE/DRIE Household Income Worksheet

(How to figure your household income)

Please refer to the attached income worksheet. Use this worksheet as a tool to determine your total annual household income for the prior year. Complete the income section for each household member. If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Before you begin, you should:

- Gather all income documents for 2018 for you and all household members.
- Enter the total amount received in the boxes provided for the corresponding income type on the income worksheet.

SOURCES OF INCOME:

Line 1 – Social Security Benefits (SSA)

Enter the total gross amount of any retirement or survivor's benefits received by you and all household members from the Social Security Administration in 2018. Refer to SSA Form 1099, IRS Form 1040. DO NOT include reimbursements under Medicare/Medicaid for medical expenses.

Line 2 – Social Security Disability Insurance (SSDI)

Enter Social Security Disability Income (SSDI) received by you and all household members. Refer to all benefit award letters for benefits received in 2018.

Line 3 – Supplemental Security Insurance (SSI)

Enter Supplemental Security Income (SSI) received in 2018 received by you and all household members. Refer to all benefit award letters for benefits received in 2018.

Line 4 – Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits

Enter the total gross amount of all benefits for you and all household members who received VA benefits from the U.S. Department of Veterans Affairs. Submit copies of all benefit letters from the Department of Veterans Affairs indicating how much was received in 2018.

Line 5 – United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits

Enter the total gross amount of all benefits for you and all household members who received USPS benefits from the U.S. Postal Service. Submit copies of all benefit letters from the U.S. Postal Service indicating how much was received in 2018.

Line 6 – Wages/Salaries/Tips

Enter the total amount of wages, salaries, and tips, received by you and all household members in 2018. Refer to W-2 box 1, 1099-MISC box 7, IRS Form 1040, NYS Form IT-201.

Line 7 – Pension

Enter the total amount of pension received by you and all household members in 2018.

Line 8 – Disability/Workers' Compensation Payments

Enter the total amount of Workers' Compensation received by you and all household members in 2018. Submit a copy of your award letter with your application.

Line 9 – Taxable & Non-Taxable Interest

Enter the total amount of all taxable and non-taxable interest received by you and all household members received in 2018. Refer to 1099-INT box 1, IRS Form 1040, NYS Form IT-201.

Line 10 – Public Assistance Cash Award

Enter the total gross amount of any cash assistance received by you and all household members in 2018. Submit copies of the budget letter with your application for all household members receiving cash assistance. SNAP/food stamps should not be included in your household income.

Line 11 – Business Income

Enter the net business income sources received by you and all household members in 2018. Refer to IRS Form 1040, NYS Form IT-201. Do not include a loss. Net business income is gross receipts minus expenses.

Line 12 – Capital Gains

Enter the total amount of any capital gains received by you and all household members in 2018. Refer to IRS Form 1040, NYS Form IT-201. DO NOT include a loss.

Line 13 – IRA Earnings

Enter the total amount of IRA earnings received by you and all household members in 2018. Attach a copy of your end of year earnings statement for 2018. DO NOT include total distribution amounts. DO NOT include any IRA rollovers or conversions.

Line 14 – Annuities Earnings

Enter the total amount of annuities earnings received by you and all household members in 2018. Attach a copy of your end of year earnings statement for 2018. DO NOT include the total distribution amounts.

Line 15 – All Other Income

Enter all other income received in 2018. Other income includes (but is not limited to) rental income, rent from boarders, income from estates or trusts, alimony, child support payments, gambling winnings, taxable and non taxable dividends, cancellation of debt and monetary support received from family/friends for rent.

Line 16 – Add lines 1 through 15 and enter the amount.

APPLICABLE DEDUCTIONS

Line 17 – Federal income taxes

(W-2 box 2 and Form 1099-federal income tax withheld box OR Form 1040)

Line 18 – State income taxes

(W-2 box 17 and Form 1099-state tax withheld box OR Form IT-201)

Line 19 – Local income taxes

(W-2 box 19; OR Form IT-201)

Line 20 – Social Security taxes

(W-2 box 4)

Line 21 – Add lines 17 through 20 and enter the amount.

TOTAL HOUSEHOLD INCOME

Line 22 – Subtract line 21 from line 16 and enter the amount.

SCRIE/DRIE Pre-Qualifying Income Worksheet

Sources of Income Received		Applicant	Household Member #1	Household Member #2	TOTALS
1	Social Security Benefits (SSA) (SSA-1099 box 5, IRS Form 1040)	\$	\$	\$	\$
2	Social Security Disability Insurance (SSDI) (SSDI Benefit Statement)	\$	\$	\$	\$
3	Supplemental Security Insurance (SSI) (SSI Benefit Statement)	\$	\$	\$	\$
4	Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits (Annual Benefit Statement)	\$	\$	\$	\$
5	United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits (Annual Benefit Statement)	\$	\$	\$	\$
6	Wages/Salaries/Tips (W-2 box 1, 1099-MISC box 7, IRS Form 1040, NYS Form IT-201)	\$	\$	\$	\$
7	Pension (1099R box 1, total annual pension from pension statement, IRS Form 1040)	\$	\$	\$	\$
8	Disability/Workers' Compensation Payments (Attach award letter)	\$	\$	\$	\$
9	Taxable & Non-Taxable Interest (1099-INT box 1, IRS Form 1040)	\$	\$	\$	\$
10	Public Assistance Cash Award (PA Budget letter)	\$	\$	\$	\$
11	Business Income (IRS Form 1040—DO NOT include a loss, NYS Form IT-201)	\$	\$	\$	\$
12	Capital Gains (IRS Form 1040, NYS Form IT-201—DO NOT include a loss)	\$	\$	\$	\$
13	IRA Earnings (End of year earnings statement—DO NOT include the amount of your distribution)	\$	\$	\$	\$
14	Annuities Earnings (End of year earnings statement—DO NOT include the amount of your distribution)	\$	\$	\$	\$
15	All Other Income (refer to FAQ guide for a list of income sources)	\$	\$	\$	\$
16	INCOME TOTAL (Add lines 1 through 15)	+ \$	\$	\$	\$
Applicable Deductions					
17	Federal income taxes (W-2 box 2 and Form 1099-federal income tax withheld box OR Form 1040)	\$	\$	\$	\$
18	State income taxes (W-2 box 17 and Form 1099-state tax withheld box OR Form IT-201)	\$	\$	\$	\$
19	Local income taxes (W-2 box 19; OR Form IT-201)	\$	\$	\$	\$
20	Social Security taxes (W-2 box 4)	\$	\$	\$	\$
21	DEDUCTION TOTAL (Add lines 17 through 20)	+ \$	\$	\$	\$
22	TOTAL INCOME (line 16 minus line 21)	- \$	\$	\$	\$

What is 1/3 of your monthly income?

Take total amount from **line 22**: _____ and divide (÷) that amount by 36 = \$ _____

Is this amount more than the current rent you are paying? Yes No

If YES, you MAY NOT be eligible. However, you may continue with the application. If your application is denied, you may apply next year.

**DRIE
2019**

Disabled Rent Increase Exemption
RENT FREEZE APPLICATION
FREQUENTLY ASKED QUESTIONS (FAQs)

Please refer to these FAQs for assistance when completing your DRIE application.

Please read but do not submit with your application

1. Who is eligible for DRIE?

- ✓ To qualify for **DRIE** you must be 18 years of age or older at the time that you apply.
- ✓ You must have been awarded a federally qualifying disability benefit, for example: SSI, SSDI, VA disability pension or disability compensation benefits, USPS disability pension or disability compensation benefits, or disability related Medicaid and received SSI or SSDI in the past.
- ✓ Your total household income (income received by you and ALL household members) cannot exceed \$50,000.
- ✓ You pay more than one-third of your household monthly income in rent.
(NOTE: 1/3 of your monthly income cannot be more than the current rent that you are paying.)
- ✓ You must live in a rent regulated apartment (Rent Stabilized, Rent Control, Rent Regulated Hotel, or Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative).

AND

- ✓ Your name must be on the lease, Notice of Maximum Base Rent, or Rent Order as the primary applicant.

If your name is not on the lease, Notice of Maximum Base Rent, or Rent Order, you must provide proof of succession rights.

NOTE: You must send ALL required documents with your application. If you do not send ALL required documents, your application will be returned to you.

2. What can I do if I miss a deadline related to the DRIE Program (Rent Freeze Program)?

If you needed more time to submit your application due to a disability or physical or mental impairment, you can request additional time. If you need help or have questions regarding a disability or requesting additional time, please call 311 and ask for the Department of Finance's Disability Service Facilitator; contact nyc.gov/contactdofeeo; or visit our office at 66 John Street, 3rd Floor, New York, N.Y., Monday to Friday, 8:30 a.m. to 4:30 p.m.

Even if you do not have a disability or physical or mental impairment, you may still qualify because of exceptional circumstances during the time to file your application. If you were hospitalized for a temporary medical condition, or your apartment was damaged by fire, flood, a natural catastrophe, or other exceptional circumstances occurred, you may submit a statement of the specific circumstances along with any documentation of your claim with your application. If you have any questions, please contact 311 or send us a message at nyc.gov/contactdrie.

3. Who is a tenant representative and how can they help me?

A **tenant representative** or **tenant rep** is any person you designate to receive a copy of all DRIE notices sent to you and can assist you through the application process. Tenant representatives can be family members, friends, neighbors, or community organizations. Tenant representatives can also be anyone appointed guardianship by a court of law, such as group home leaders, attorneys, Managers of elder housing, nursing home facilities administrators, social services administrators, etc. Having a tenant rep could possibly ease your concerns because he or she will receive important information about your application status and/or benefit. In the event that we cannot contact you, you did not receive a notice or you do not understand the notice sent to you, your tenant rep would be able to assist.

4. For the purpose of the Rent Freeze Program, who is considered a household member?

Household members are considered to be the primary applicant and any person who permanently resides in the apartment. A bona fide roomer, boarder or subtenant who is not related to the head of household is not considered a household member. You must list all members of the household on the application and disclose their income for the prior year (the year before you fill out your application). If any household members did not have income in the prior year, you must indicate it on the application and submit proof of no income.

5. Who is NOT considered a household member?

Boarders who have a rental agreement and pay rent to you are not considered household members. Family members are not considered boarders. *NOTE: boarders are not eligible for a benefit takeover.* You do not have to list boarders on your application; however you must disclose the amount of rent that is paid to you by submitting a letter from the boarder specifying how much money they pay you monthly. *DO NOT submit the income that the boarder received.*

6. If another household member already has SCRIE or DRIE, can another member apply for SCRIE or DRIE?

NO. The law does not permit a household to have SCRIE and DRIE at the same time.

7. What if I had household members last year but they do not live with me at the time I apply?

If the individual(s) lived in the household the year before you apply but do not currently live with you, there is no need to list them on your application nor is any information about their income required.

8. What happens if the primary benefit recipient passes away or has permanently moved into a nursing home?

If the primary benefit recipient passes away, has permanently moved into a nursing home or has otherwise permanently vacated the apartment, a household member who meets the eligibility criteria for the Rent Freeze Program, who has been listed on a previous application, and has been granted succession rights may qualify for a benefit takeover. A benefit takeover application should be filed within 6 months of the primary benefit recipient passing away or moving, or 90 days after the Department of Finance sends a revocation notice, whichever date is later.

If you are a remaining household member AND meet all the eligibility requirements for SCRIE or DRIE, you must submit the following:

- For yourself:**
 - A benefit takeover application AND
 - A lease/rent agreement reflecting you as the tenant of record or co-tenant OR
 - A letter from your building management specifying that you have succession rights to the apartment OR
 - A court order granting you succession rights to the apartment

For primary benefit recipient: Proof that the primary benefit recipient has passed away by providing a death certificate. For a primary benefit recipient who has permanently moved out of the apartment, proof may include a letter from a nursing home, a lease or letter from your landlord or managing agent, or federal, state or local government issued ID reflecting the new address.

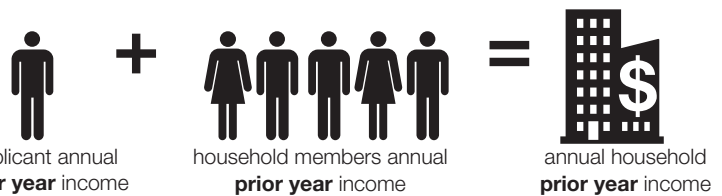
9. How do I calculate my total household income?

Total annual household income equals your annual income plus the annual income of all household members. Total household income must be \$50,000 or less after allowable deductions. Allowable deductions are Federal, State Local, and Social Security taxes. You may calculate this by using your total 2018 amounts withheld, or by including your total taxes assessed as recorded on IRS Form 1040; Form IT-201. Note: Self-employed individuals cannot deduct Medicare payments; your Social Security taxes consist of 81% of your federal self-employment tax..

How do I determine 1/3 of my income?

Calculate your total annual household income and divide that by 36.

(See the *Income Worksheet* to determine your total annual household income.)



For example, if your annual household income is	then your monthly household income is	To qualify, your current monthly rent must be greater than
\$15,000.00	\$1,250.00	\$416.67
\$20,000.00	\$1,666.67	\$555.56
\$25,000.00	\$2,083.33	\$694.44
\$30,000.00	\$2,500.00	\$833.33
\$35,000.00	\$2,916.67	\$972.22
\$40,000.00	\$3,333.33	\$1,111.11
\$50,000.00	\$4,166.67	\$1,388.89

10. How is my frozen rent determined?

We freeze your rent either at your prior rent amount or 1/3 of your monthly income, whichever is greater.

11. If I did not qualify in prior years, can I reapply?

Yes. For example: If you did not qualify based on your 2017 income, and your 2018 income is less, you can reapply in 2019 and submit all required proof of income for 2018.

12. What if I am not able to physically sign the application?

A person with an authorized Power of Attorney (POA) or court-appointed guardian may sign documents on behalf of the primary beneficiary. Please submit the power of attorney or court order along with the application so that DRIE can keep the information on file and ensure that copies of all DRIE correspondence are sent to the POA or guardian.

13. What are applicable deductions?

Federal, State, City, and Social Security taxes are applicable deductions. You may take the larger of your taxes withheld for 2018 or your total taxes assessed. Note that Medicare payments are not an applicable deduction.

14. What is considered income that I must report to determine eligibility?

Below is a list of income sources that the DRIE program considers. If you and your household members receive any income from any of these sources, you will have to enter this information on the *Income Worksheet* provided with the application and attach required proof of documentation as indicated.

- Social Security (SSA, SSI, SSDI)
(Attach copy of SSA-1099 or printout of SSI benefit award letter)
- Wages/Salaries/Tips
(Attach W-2's including self-employment)
- Business Income
(Attach Schedule C, S-Corp tax Return with K-1 or Partnership Tax Return)
- Taxable & Non-Taxable Interest
(Attach all 1099-INT & year-end statements for non-taxable interest)
- Taxable & Non-Taxable Dividends
(Attach all 1099-DIV and year end statements for non-taxable dividends)
- IRA Earnings
(Attach a copy of interest, dividends, or capital gains earned). DO NOT include the amount of your distribution.
- Pension, Annuities & Retirement Plans
(Attach 1099R statements and include taxable & non-taxable pensions)
- Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits
(Attach annual benefit statement)
- United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits
(Attach annual benefit statement)
- Capital Gains
(Include capital gains statements from financial institutions).
- Rental Income
(Received from all properties)
- Rent Received from boarder
- Rental Assistance (subsidy)
- Money received from family and/or friends for rent
(Attach letter stating who you receive money from and how much you receive)
- Disability/Workers' compensation payments/ Unemployment Insurance Benefits
(Attach award letter)
- Income from Estates or Trusts
(Attach the Estate or Trust's Income Tax Return)
- Alimony and/or Child Support Payments received by you
(Attach court order)
- Gambling/Lottery Winnings *(Attach 1099-MISC)*
- Public Assistance and/or Other sources of income
(Attach proof)
- Cancellation of Debt

15. What income is excluded when determining eligibility that you do not have to report?

- Cash gifts
- Inheritance
- Damages awarded from a personal injury lawsuit
- Energy assistance payments
- Income tax refunds
- IRA Rollovers (IRAs rolled over into other retirement accounts)
- Supplemental Nutrition Assistance Program (SNAP) benefits also formerly known as the Food Stamp Program

16. What if you or a household member did not have income for the prior year?

Below is a list of documents that we will accept if you report that you and/or any household member did not have any income during the prior calendar year:

- ✓ Verification of IRS Non-Filing letter OR
- ✓ Full time student verification letter OR
- ✓ A letter from the Social Security Administration indicating that you did not receive benefits during 2018

17. What documents are acceptable as proof of receiving a qualifying federal disability ?

- ✓ If you were awarded a disability benefit shortly before applying for DRIE, we ask that you send in a copy of the award letter in addition to all other household income documents from the prior calendar year.
- ✓ If you are receiving SSI, please send a breakdown letter of SSI payments for the prior year.
- ✓ If you are receiving SSDI, you can send in an SSA-1099 Form for the prior year that you are applying (ex: if you are applying in 2019, you must submit an SSA-1099 Form for 2018).
- ✓ If you are receiving VA Disability Pension or Disability Compensation benefits, please send a breakdown of the payments for the prior year.
- ✓ If you are receiving USPS Disability Pension or Disability Compensation benefits, please send a breakdown of the payments for the prior year.
- ✓ If you are currently receiving Disability-related Medicaid, please send a copy of your Social Security Notice of Award letter, or other proof showing when your SSI or SSDI benefit was originally awarded.

18. I permanently retired within the prior year and my income is not the same this year. What income information do I need to submit?

You must submit your total income for the prior year including your wages, retirement income, and a letter from your former employer indicating your date of retirement. We will project your retirement income over 12 months.

19. Is my apartment eligible?

Your apartment must be a Rent Stabilized, Rent Controlled, Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative or Rent Demand/Single Room Occupancy (SRO).

20. What apartment types are not eligible?

If your apartment is non rent regulated (fair market rent), you are not eligible.

If your apartment is a non rent regulated cooperative, you are not eligible.

If you are receiving a Section 8 subsidy, you are not eligible.

If you live in a 1, 2, or 3 family home, you are not eligible.

If you have a sublease, you are not eligible.

If you live in an apartment in a NYCHA development, you are not eligible.

If you live outside of Manhattan, the Bronx, Brooklyn, Queens, or Staten Island, you are not eligible.

21. What documentation must I submit for proof that my apartment is rent regulated?

For Rent Stabilized: You must submit your current lease (the lease that you are in at the time that you apply) and your prior lease (the lease that expired before your current lease began). The leases must be signed by you and your landlord.

For Rent Controlled Tenants: You must submit your current and prior Notice of Maximum Collectible Rent (Form RN-26) along with your current and prior Owner's report and certification of fuel cost adjustment also known as fuel cost adjustment form (Form RA33.10).

For Tenants In Rent Regulated Hotels, Single Room Occupancy Unit (SRO): You must submit a rent increase letter signed by your landlord and a copy of the DHCR Rent History or DHCR apartment registration.

For Tenants in Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative and Section 213 Cooperative: You must submit: A history printout or letter from your management office specifying the date of your last rent increase, the rent amount paid before the increase and the amount paid after the rent increase; and an affidavit of household income, if applicable.

22. I pay a rent amount that is less than the legal rent (this is often referred to as preferential rent), how is my frozen rent calculated?

We generally freeze rent at the legal rent amount. However, there are some exceptions in the following scenarios:

- i) if you have a lease that is accompanied by a preferential rent lease rider that explicitly states that the lower rent will remain for the lifetime of your tenancy, your rent will be frozen at the prior preferential rent or 1/3 of your monthly income, whichever is greater.
- ii) If you live in a Low-Income Housing Tax Credit (LIHTC) unit and you provide a LIHTC rent rider, your rent will be frozen at your prior LIHTC rent amount or 1/3 of your monthly income, whichever is greater.

23. I have Major Capital Improvement (MCI) charges, will DRIE pay for this?

YES. If the Major Capital Improvement (MCI) Order was issued within 90 days of your application date, Finance will pick up the increase.

NOTE: If the Major Capital Improvement (MCI) Order was issued more than 90 days before you submitted your application, you will be responsible for paying the MCI increase. The MCI will be added to your frozen rent amount.

24. Who can I contact if I have questions regarding my benefit or application process?

If you have access to a computer, you can submit an inquiry on the Department of Finance website by visiting nyc.gov/contactdrie for questions about DRIE. You may also call 311 or visit our Walk-In Center at:

66 John Street, 3rd Floor
New York, NY, 10038

Hours of Operation: Monday–Friday, 8:30 a.m.– 4:30 p.m.

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

25. Who can I contact if I do not understand a decision that was made regarding my application or benefit?

All Rent Freeze Program applicants who have received an official exemption approval, denial, or revocation notice have the right to get help resolving concerns with their SCRIE/DRIE application and benefit. The SCRIE/DRIE Ombudsperson can identify and resolve issues with your application or benefit after you have completed the application process. You may contact them by visiting the DOF website at nyc.gov/contactscrieombuds for help with SCRIE or nyc.gov/contactdrieombuds for help with DRIE.

26. How can I obtain forms?

All forms can be downloaded by visiting our website at nyc.gov/rentfreeze. Forms are also available in our Walk-In Center. You can also request a form to be mailed to you by calling 311.

27. What can I do if I have any issues regarding my lease or to dispute my legal rent amount?

For lease inquiries, to resolve rent disputes, or to file a complaint because your landlord has not provided a lease, tenants can contact the Division of Housing and Community Renewal (DHCR). DHCR can be contacted :

In Person: Gertz Plaza, 92-31 Union Hall Street, Jamaica, New York 11433

By Phone: 718-739-6400

By Email: RentInfo@nyshcr.org. **For Mitchell-Lama only.**

28. What can I do if I have any questions about the rent amount for my apartment?

For more information about City Sponsored Mitchell-Lama developments, please contact New York City Department of Housing Preservation and Development (HPD):

In Phone: 212-863-6500

By Email: Mitchell-Lama@hpd.nyc.gov

For more information about State Sponsored Mitchell-Lama developments, please visit New York State Homes and Community Renewal (HCR)

In Phone: 866-463-7753

Visit their website at: <http://nyshcr.gov/AboutUs/Offices/HousingOperations/faqs.htm>