



**DRIE**

**APPLICATION FOR  
DISABILITY RENT INCREASE EXEMPTION**

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

**Instructions: This form is for new DRIE applicants only.**  
Please forward the completed and signed application, with copies of your current and prior renewal lease or rent order, to the address above. Please refer to the complete instructions attached.

**Did you remember to:**  
 **Sign your application?**  
 **Attach copies of your current and renewal leases or rent orders?**

**SECTION I - APPLICANT INFORMATION**

**PLEASE PRINT OR TYPE YOUR ANSWERS**

1. Name of Applicant with a Disability: a. \_\_\_\_\_ b. \_\_\_\_\_  
FIRST NAME LAST NAME

c. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ d. Social Security Number:

2. Address \_\_\_\_\_ 3. \_\_\_\_\_ 4. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

5. Borough: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_

7. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ 8. Email Address: \_\_\_\_\_

**SECTION II - RESIDENCE / APARTMENT INFORMATION**

9. Is the lease or rent order in the name of the adult head of household (18 years of age or older) with a disability?  YES  NO

a. If "NO," list name(s) on the lease or rent order: \_\_\_\_\_

10. Apartment Type (check one):  
 a.  Rent Stabilized  Rent Controlled  Mitchell Lama  Other \_\_\_\_\_  
 b. List Number of Rooms: \_\_\_\_\_

11. Owner/Managing Agent's Name: \_\_\_\_\_

12. Contact Name: \_\_\_\_\_ 13. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

14. Address \_\_\_\_\_ 15. \_\_\_\_\_ 16. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

17. City: \_\_\_\_\_ 18. State: \_\_\_\_\_ 19. Zip Code: \_\_\_\_\_

20. Prior Rent: \$ \_\_\_\_\_ 21. Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 22. End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
MONTH YEAR MONTH YEAR

23. Current Rent: \$ \_\_\_\_\_ 24. Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 25. End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
MONTH YEAR MONTH YEAR

26. Future Rent (if known): \$ \_\_\_\_\_ 27. Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 28. End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
MONTH YEAR MONTH YEAR

**SECTION II - RESIDENCE / APARTMENT INFORMATION - Continued**

29. Do you pay preferential rent?  YES  NO  
 If you checked "YES," please answer 29a and 29b:  
 a. What is the rent amount you pay? \$ \_\_\_\_\_  
 b. Is the rent you are paying less than the legal rent that the landlord is allowed to charge?  YES  NO  
 30. Do you receive a monthly shelter allowance?  YES  NO  
 a. If "YES," then list the amount of the monthly allowance. \$ \_\_\_\_\_  
 31. Do you or any other member of your household receive a Senior Citizen Rent Increase Exemption (SCRIE)?  YES  NO  
 32. Do you receive Section-8 or any other federal housing subsidy?  YES  NO

**Note:** If you answered "YES" to question 31 and/or 32, you are not eligible for the Disability Rent Increase Exemption.

**SECTION III - ELIGIBILITY INFORMATION**

33. Do you currently receive federal Supplemental Security Income (SSI)?  YES  NO  
 34. Do you currently receive federal Social Security Disability Insurance (SSDI)?  YES  NO  
 35. Do you currently receive VA Disability Pension or VA Compensation benefits?  YES  NO  
 (Must be Military service-related disability pension or compensation)  
 36. Do you currently receive Disability-related Medicaid and have received either SSI or SSDI in the past?  YES  NO

**Note:** If you answered "NO" to all of the questions in Section III, you are not eligible for the Disability Rent Increase Exemption.

**SECTION IV - INCOME INFORMATION**

37. How many people reside in your household? \_\_\_\_\_  
 38. How many people in the household receive income of any kind (work, benefits, etc.)? \_\_\_\_\_  
 39. Please indicate the total/aggregate household income (include income for all household members) for the most recent calendar year. See instructions for a list of allowable deductions and help in calculating household income.  
 Amount of Household Aggregate Income: \$ \_\_\_\_\_

**SECTION V - CERTIFICATION**

Please review your application to ensure you have answered *all* questions and that you have attached *all* required documentation. Failure to do so may delay the processing of your application.

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. 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.

**Be advised that if you claim that you qualify for benefits based on meeting the required income threshold, and at any point in the future a current household member whose income you did not include in your application attempts to claim rights to your apartment, you will be responsible to repay the City the full amount of any Disabled Rent Increase Exemption benefits that you received improperly plus any interest charges.**

\_\_\_\_\_  
Signature of Applicant with a Disability

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Would you like a copy of the Order of Approval/Determination of DRIE Eligibility sent to the preparer?

YES

NO

If "YES," provide the preparer's name and mailing address or contact number(s) below.

Name of Preparer: \_\_\_\_\_

Preparer's Address: \_\_\_\_\_

NUMBER

STREET NAME

\_\_\_\_\_  
BOROUGH

\_\_\_\_\_  
ZIP CODE

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**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.

**The Department of Finance will mail an acknowledgement for the Disability Rent Increase Exemption Application within 30 days of receipt.**



**DRIE**

NYC DEPARTMENT OF FINANCE • PROGRAM OPERATIONS DIVISION

**DISABILITY RENT INCREASE EXEMPTION  
ELIGIBILITY CRITERIA AND  
APPLICATION INSTRUCTIONS**

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

**GENERAL INSTRUCTIONS**

The Disability Rent Increase Exemption (DRIE) Program offers eligible tenants an exemption from rent increases which can, in some cases, result in a reversion to rent paid under a previous lease or rent order. The owner of the building receives a corresponding credit against their real estate taxes from the City of New York. Eligible applicants must meet ALL of the five eligibility criteria.

**DRIE ELIGIBILITY**

To qualify for DRIE, applicants must:

- (1) Rent an apartment defined as eligible under the law;
- (2) Be the adult head of household (18 years of age or older) named on the lease or rent order, be the tenant of record, be the spouse or registered domestic partner with a disability of either;
- (3) Receive eligible state or federal disability-related financial assistance;
- (4) Meet the program's income eligibility requirement; and,
- (5) Pay more than one-third of their household's aggregate disposable income for rent.

**(1) RENT AN ELIGIBLE APARTMENT:**

Applicants must rent an apartment that is (a) regulated by the Division of Housing and Community Renewal (i.e., rent-controlled or rent-stabilized apartments); (b) a Mitchell Lama apartment or co-op; (c) owned by a limited dividend housing company, redevelopment company or housing development fund company incorporated under the private housing finance law; or (d) Section 213 Cooperative Housing Companies.

**Tenants who live in Public Housing Authority Projects and tenants who receive Section 8 subsidies do not qualify for DRIE benefits.**

**(2) BE THE ADULT HEAD OF HOUSEHOLD AND NAMED ON THE LEASE, A TENANT OF RECORD, BE THE SPOUSE OR REGISTERED DOMESTIC PARTNER WITH A DISABILITY OF EITHER OF THE ABOVE:**

DRIE applicants must be adults who are either named on the lease or rent order of an eligible apartment or who are tenants of record. Tenants of record have attained and exercised their legal rights of succession to the apartment when the leaseholder vacates the apartment either by moving or death.

**(3) RECEIVE ELIGIBLE STATE OR FEDERAL DISABILITY-RELATED FINANCIAL ASSISTANCE:**

The applicant must currently be receiving any one of the following forms of financial assistance:

- Federal Supplementary Security Income (SSI);
- Federal Social Security Disability Insurance (SSDI);
- US Department of Veterans Affairs disability pension or compensation; or
- Disability-related Medicaid (if the applicant has received either SSI or SSDI in the past.)

**(4) MEET THE DRIE INCOME ELIGIBILITY REQUIREMENT:**

For a single-person household, the total household income of all financial contributors must be less than or equal to \$19,860 for calendar year 2011. For a household of two or more members, income must be less than or equal to \$28,668 for calendar year 2011.

**(5) PAY MORE THAN ONE-THIRD OF HOUSEHOLD'S AGGREGATE DISPOSABLE INCOME FOR RENT:**

To qualify for the DRIE exemption, rent must be more than one-third of the household's income.

**LINE-BY-LINE INSTRUCTIONS****SECTION I - APPLICANT INFORMATION**

Provide all information requested in Questions 1-8, if applicable. **Social Security numbers are required. Your application cannot be processed without them.**

**SECTION II - RESIDENCE / APARTMENT INFORMATION**

**Question 9** must be completed by checking "YES" or "NO." If you check "NO," list in Question 9a the names of the individuals who are on the lease or rent order.

**Question 10** - Check the type of apartment for which you are seeking the DRIE benefit. Tenant/shareholders in Mitchell Lama buildings and Limited Dividend, Redevelopment or Housing Development Fund buildings or Section 213 Cooperative Housing Companies are eligible. If you check "Other," write the type of apartment on the line provided. (See page 1 of instructions, Item # (1) for eligible apartments.)

**Tenants who live in Public Housing Authority projects, who receive section 8 housing, who sublet a privately owned cooperative apartment, or tenants who rent in one-or two-family dwellings are not eligible.**

**Questions 11-19** - Provide the name of the apartment building's owner or managing agent and his or her address and phone number. Question 12 (Contact Name) refers to the individual Finance should call if we have a question about your apartment.

**Questions 20-22\*** - Provide the rent you were paying under the lease or rent order you had *before* the current lease or rent order. Also provide the start and end dates of that previous lease. The end date (Question 22) is the date that your previous lease expired. Include a copy of this lease/rent order with your application. See table below.

**Questions 23-25\*** - Provide the rent you are currently paying and the start and end dates of your current lease or rent order. The end date (Question 25) is the date that your current lease expires. Include a copy of this lease/rent order with your application. See table below.

**Questions 26-28\*** - Please provide this information *if you have received notification of a lease renewal or rent increase*. If so, provide the amount of rent you will be paying after the renewal goes into effect and the start and end dates of the new lease or rent order. See table below.

If you have not received any notification of an increase or new lease, leave Questions 26-28 blank.

**Question 29\*** - Check "YES" or "NO" to indicate whether you pay preferential rent. Preferential rent is a lower rent than the owner/landlord is legally entitled to charge. If you check "YES," also answer Questions 29a and 29b. Question 29a asks for your current rent, which should be the same amount as you wrote for Question 23. See table below.

**Question 30** - Check "YES" or "NO" to indicate whether you receive a monthly shelter allowance. If you check "YES," write the amount of the allowance on the line provided.

**Question 31** - Check "YES" or "NO" to indicate whether any household member receives SCRIE. If you check "YES," you are not eligible for DRIE.

**SECTION II - RESIDENCE / APARTMENT INFORMATION - Continued**

**Question 32** - Check “YES” or “NO” to indicate whether you receive Section 8 or any other federal housing subsidy. If you check “YES,” you are not eligible for DRIE.

\*For questions 20 through 29, please see the following requirements.

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 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) OR</li> <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 OR</li> <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 OR</li> <li>• DHCR Rent History</li> </ul>

**SECTION III - ELIGIBILITY INFORMATION**

**Questions 33-36** - Check "YES" or "NO" for each question in this section.

- If you check "NO" for all four questions, you are not eligible for DRIE.
- If you check "YES" for any of these four questions, you must provide Income Information in Section IV and provide a copy of SSI or SSDI, Veterans Disability or Disability Award Letter(s).

**SECTION IV - INCOME INFORMATION**

**Question 37** - Please provide the total number of people residing in the apartment, including adults, adult children, and minor children.

**Question 38** - Provide the number of household members who received income during the last calendar year *from any of the following sources*:

- Wages, tips, or royalties resulting from a job or work;
- Income from a federal or state assistance program; (for example: SSI benefits, SSDI benefits, etc.);
- Interest and dividends (whether or not subject to federal/state/local income tax)
- Alimony or child support;
- Payments for services performed in a sheltered workshop or activity center;
- Railroad retirement and unemployment benefits;
- Annuities;
- Pensions from any source;
- Workers' Compensation payments;
- Unemployment insurance benefits;
- Black lung benefits;
- Prizes, awards, settlements (including court-ordered awards);
- Proceeds of life insurance policies; and
- Strike pay and other union benefits.

**Do NOT include the following in your calculation of household income:**

- Income tax refunds;
- Grants, scholarships, or fellowships used for tuitions and educational expenses;
- The value of food stamps;
- Home energy assistance;
- Assistance based on need from the state or local government;
- Food or shelter based on need provided by non-profit agencies;
- Gifts or inheritances;
- Holocaust survivor benefits; and
- Money someone else paid on the household member's behalf for items other than food or shelter (for instance, if someone paid the individual's telephone bill or medical bills).

**Question 39** - Calculate the total household income, including the sources of income listed above for **every** household member who received income during the last calendar year. "Household members" would include minor children if a minor child received any form of government assistance, child support, or wages (e.g., from a summer job). Write the total household income on the line provided.

**SECTION IV - INCOME INFORMATION - Continued**

**Tips for Calculating Household Income:** We advise you to use the **Income Worksheet** provided at the end of this packet to calculate the aggregate disposable income for the household which will include the wages and income of all household members who have income. WAGES are defined as money earned through work; INCOME includes wages and all other sources of revenue received.

**For Wages:** You may find it helpful to look at each person's most recent 1040 or 1040A federal tax return for these totals, if s/he filed one for the last calendar year.

**Household members who do not have a disability must include all wages and income, without any special deductions.**

*Only household members with disabilities are entitled to deduct the following allowable deductions from their total wages and income for the last completed calendar year:*

- **A2 - The Earnings Exclusion:** Deduct the first \$65 of wages per month (earned by working) for as many months as you were working last year.
- **A4 - The One-for-Two Incentive:** After deducting the first \$65 earned each month, divide the total amount of wages (earned by working) by two.
- **A5 & A6 - Blind Work Expenses (BWE) and Impairment-Related Work Expenses (IRWE):** If any household member is vision-impaired, he or she may deduct as Blind Work Expenses (BWE) any money spent on supplies or services that allowed him/her to hold a job or earn money through work. These would include a service animal (acquiring an animal, feeding and caring for the animal); special transportation to/from work; an assistant or reader, etc. Any household member who has other impairment-related expenses that allowed him or her to work may also deduct these costs as Impairment-Related Work Expenses (IRWE). IRWEs include medicine, medical supplies and devices, disposable items (e.g., bandages and syringes); special transportation or modifications to a car or van; attendant car to prepare for or at work, etc. An applicant or other household member with a disability may have both BWE's and IRWE's.
- **B9 - The Standard Exclusion:** Deduct the first \$20 of income per month for as many months as you received income last year.
- **C2 - Federal/State/Local Income Tax** - Be sure to write the amounts deducted from the paycheck(s) of the household member(s) with disabilities as well as any amounts paid when these individuals filed their federal, state, and local tax returns for the last year.
- **C3 - Social Security Taxes (FICA)** deducted from the paycheck(s) of the household member(s) with disabilities.

**SECTION V - CERTIFICATION**

This section must be signed by the applicant and, if applicable, anyone who assisted in the preparation of the DRIE application. If the applicant wants the preparer to receive a copy of his/her DRIE Notification from the Department of Finance, check "YES" where indicated and provide all the preparer information requested. If the preparer is not to receive a copy of the Notification, check "NO" and omit the rest of this section.



**INCOME WORKSHEET**

Items with asterisks (\*), or (\*\*) are deductions that are only available to occupants who have a disability. Non-disabled household members should not take these deductions.

\*\* The amount to be entered on lines A2 and B9 of the Worksheet is for a calendar year, (based on 12 months of work) and ONLY should be entered if the applicant: for line A2, earned wages; and for B9, received income in the calendar year.

A. COUNTABLE WAGES:	APPLICANT	OTHER HOUSEHOLD MEMBERS		
	(i)	(ii)	(iii)	(iv)
1. Wages.....\$				
2. Earnings Exclusion** (If applicable).....\$	- 780			
3. Subtotal.....\$				
4. One-for-Two Incentive* (divide line 3 by 2).....\$	÷			
5. BWE Exclusion*.....\$	-			
6. IRWE Exclusion*.....\$	-			
7. <b>Total Countable Wages</b> ..... \$				
<b>B. COUNTABLE INCOME:</b>				
1. Countable Wages (line A7).... \$				
2. Social Security Benefits.....\$	+			
3. Interest.....\$	+			
4. Dividends.....\$	+			
5. Retirement Benefits.....\$	+			
6. Net Rental Income.....\$	+			
7. Other Income.....\$	+			
8. Subtotal: Add items 1-7 for each column.....\$				
9. Standard Exclusion** (if applicable).....\$	- 240			
10. Total Wages and Income \$				
<b>C. ALLOWABLE DEDUCTIONS:</b>				
1. Total Wages and Income (line B10).....\$				
2. Federal/State/Local Income Taxes*.....\$	-			
3. Social Security Taxes*.....\$	-			
4. Other* (specify below): _____ \$	-			
_____ \$	-			
5. Subtotal: Add lines 2, 3 and 4.....\$				
6. Subtract line 5 from C1 in each column:.....\$				
<b>42. HOUSEHOLD AGGREGATE DISPOSABLE INCOME:</b> Add line 6 [(i), (ii), (iii) and (iv)]. Record this figure on line 39 in Section IV of the DRIE application....\$				