



DRIE APPEAL

NYC DEPARTMENT OF FINANCE • LEGAL AFFAIRS DIVISION

APPLICATION FOR APPEAL OF THE DISABILITY RENT INCREASE EXEMPTION DETERMINATION (By Tenant or Property Owner)

Mail to: NYC Department of Finance, Legal Affairs Division, DRIE Appeals Board,
345 Adams Street, 3rd Floor, Brooklyn, New York 11201

Instructions: If you are an applicant with a disability, use this form to appeal Finance's denial of a Disability Rent Increase Exemption benefit. If you are a property owner, use this form to appeal Finance's approval of a Disability Rent Increase Exemption benefit for a tenant. Finance must receive your appeal application within *60 days* of the date on Finance's notification of DRIE *approval* or *denial* to either the tenant or to the landlord. See Appeal Instructions for further guidance and recommended forms of proof to support your claim on appeal.

FOR OFFICE USE ONLY

Indicate DRIE
Application ID #: _____

SECTION A - FILER'S INFORMATION

1. Tenant/Property Owner

Name: a. _____ b. _____
FIRST NAME LAST NAME

2. Check one: a. I am the applicant with the disability. b. I am the property owner.

3. Indicate your Social Security Number OR Employee Identification Number
[][][] - [][] - [][][][][] [][] - [][][][][][][][][][][][]

4. Daytime Phone Number: () _____ 5. Email Address: _____

6. Name of Preparer: _____
(If other than DRIE Applicant/Owner) FIRST NAME LAST NAME

7. Relationship of Preparer to DRIE Applicant/Owner: _____

8. Daytime Phone Number: () _____ 9. Email Address: _____

SECTION B - PROPERTY INFORMATION

10. Building Address: _____
NUMBER STREET NAME APT. #

11. Borough: _____ 12. Zip Code: _____

13. Filer's Mailing Address: _____
(If different from above) NUMBER STREET NAME APT. #

14. City: _____ 15. State: _____ 16. Zip Code: _____

SECTION C - GROUND(S) FOR APPEAL

If you are an applicant to whom Finance has denied the DRIE benefit, answer question #17. If you are an owner appealing Finance’s approval of DRIE benefit, answer question #18. Check the reason for your appeal in question #17 or #18 and complete question #19. See instructions for suggested forms of documentation to support your appeal.

17. Appeal by DRIE Applicant:

- 1. I live in an apartment eligible under the law.
- 2. a. I am named on the lease or rent order;
- b. I am not named on the lease or rent order but am the tenant of record; or
- c. I am the disabled spouse or registered domestic partner of the tenant of record.
- 3. a. I receive Federal Supplemental Security Income;
- b. I receive Federal Social Security Disability Insurance;
- c. I receive US Department of Veterans Affairs pension or compensation; or
- d. I currently receive disability-related Medicaid (and have received either SSI or SSDI in the past.)
- 4. I meet the DRIE income eligibility requirement.
- 5. I pay more than one-third of my household’s aggregate disposable income for rent.

18. Appeal by Property Owner:

The DRIE applicant:

- 1. Does NOT live in an apartment eligible under the law.
- 2. Is not named on the lease or rent order and is not the tenant of record, the disabled spouse or registered domestic partner of either.

19. Explain the basis of your appeal (checked in question #17 or #18). If necessary, attach additional sheet(s):

20. List all documents that you are enclosing with your application to support your appeal: (We recommend that you submit copies *only* and retain your original documents.)

- a. _____
- b. _____
- c. _____

SECTION D - CERTIFICATION**TENANT**

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

Date

Signature of Preparer (If applicable)

Date

OWNER/LANDLORD

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.

I further certify that I have notified the tenant of this appeal, in writing, with an explanation of the grounds of my appeal.

Signature

Date

Signature of Preparer (If applicable)

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 tenants 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 tenant gives written authorization to the Department of Finance.

Please keep a copy of this application for your records.



**DRIE
APPEAL**

NYC DEPARTMENT OF FINANCE • LEGAL AFFAIRS DIVISION

INSTRUCTIONS FOR THE APPLICATION FOR APPEAL OF THE DRIE DETERMINATION (By Tenant or Property Owner)

Filing Deadline: File this form within 60 days of an applicant's notification of DRIE denial or a property owner's notification of a tenant's DRIE approval.

Overview

This form is intended for DRIE applicants who want to appeal the Department of Finance's *denial* of DRIE benefits and for property owners who want to appeal the Department of Finance's *approval* of DRIE benefits for a tenant.

Section A – Filer's Information

Please indicate the DRIE Application ID Number in the space provided.

Question 1 and 2 - Enter your name, and indicate whether you are a DRIE applicant or a property owner.

Question 3 - Your Social Security or Employee Identification number is required for administrative purposes pursuant to NYC Administrative Code, section 11-102.1. If you do not include this information, Finance will not process your appeal.

Questions 6 through 9 - If you are completing this application on someone else's behalf, please provide your name, relationship to the filer, and contact information. If you are the DRIE applicant or property owner completing your own appeal application, leave Questions 6 through 9 blank.

Section B – Property Information

Questions 10 through 12 - Complete these questions for the building where the tenant's apartment is located.

Questions 13 through 16 - Complete these questions only if you want Finance to mail its determination of your appeal application to an address other than that of the property. If the property is your mailing address, leave Questions 13 through 16 blank.

Section C - Ground(s) for Appeal

If you are an applicant to whom Finance has denied the DRIE benefit, answer Question 17 and explain the basis for your reason in Question 19. If you are an owner appealing Finance's approval of a tenant's DRIE benefit, complete Question 18 in the same manner.

Questions 17 through 19 - Whether you are a DRIE applicant or an owner, you are required to provide documentation to support your appeal. Below is a list of suggested documentation.

FOR DRIE APPLICANTS:

Eligible Apartment

If you checked 17-1: You should submit documentation that shows the name of the owner of the building. The documentation must also show that the building is one of the following: (a) the apartment is rent-regulated; (b) the building is in a Mitchell Lama development; (c) the building is owned by a limited profit housing company, a limited dividend housing company, a redevelopment company, or a housing development fund company incorporated under the private housing finance law; or, (d) a mortgage on the building was federally insured under section 213 of the National Housing Act. If you submit proof of (d), you should also show that you were a tenant of record at the time the mortgage was terminated.

Eligible Tenant

If you checked 17-2a through 2c: You should submit one of the following: (a) a copy of the renewal lease for the current period, or a copy of the rent order issued by the New York State Division of Housing and Community Renewal (DHCR); or, (b) if you have exercised your

Section C - Ground(s) for Appeal - Continued

right to succession following the death of the tenant of record, submit a copy of the court order that shows you have succession rights to the apartment, or, a copy of the rent regulation registration filed at DHCR by your landlord that shows that you are a tenant of record, or, a letter from the landlord acknowledging that you are considered the tenant of record; or, (c) a copy of your marriage certificate, if you are the spouse of the tenant of record.

Disability-Related Eligible Financial Assistance

If you checked 17-3a through 3d: You should submit a copy of a benefit letter from the Social Security Administration or other government agency that shows that you receive SSI, SSDI, a Department of Veterans Affairs disability pension or compensation, or disability-related Medicaid (and have received either SSI or SSDI in the past.)

Eligible Income

If you checked 17-4: Please specify amounts of income that should have been excluded from countable wages or income that would bring your household income below the DRIE threshold.

One-third Income For Rent

If you checked 17-5: Please specify all amounts of countable wages and income that you believe should be excluded, which would result in rent amounting to more than one-third of your household income. You should submit the following: a copy of the renewal lease for the current period, or, a copy of the rent order issued by the DHCR to show your rent, and a copy of the most recent federal income tax return (Form 1040) for all members of the household, or other proof of household income.

FOR OWNERS:

Please submit a copy of the tenant's most recent lease or rent order. **Failure to notify the tenant of the appeal, in writing, with an explana-**

Section C - Ground(s) for Appeal - Continued

tion of the grounds for the appeal, will result in a denial of the application for appeal.

Ineligible Apartment

If you checked 18-1: If you contend that the apartment is not rent-regulated, you should provide documentation from DHCR indicating that the apartment is not rent regulated. (Landlords can obtain from DHCR a list of apartments that have been registered with DHCR as rent-regulated apartments in a particular building.)

Ineligible Tenant

If you checked 18-2: If the lease or rent order does not support your appeal on this ground, please submit any other documentation from the DHCR, court or government entity showing that the tenant is not eligible. *If the DRIE applicant is the disabled spouse or registered domestic partner of the tenant of record, he/she will be eligible for DRIE even if not named on the lease renewal or rent order.*

Note: To expedite review of the Application for Appeal, a copy of the Determination Letter issued by the DRIE unit should be provided.

Section D – Certification

Everyone who files an appeal should sign the appeal application form. Anyone who completed the form on someone else's behalf should also sign on the "Preparer" line. If you do not sign the form, it will be returned to you for signature, delaying your appeal process.

CUSTOMER ASSISTANCE

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