



**DRIE**

**LANDLORD / MANAGING AGENT NOTIFICATION OF TENANT'S INELIGIBILITY FOR THE DISABILITY RENT INCREASE EXEMPTION PROGRAM**

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

Faxed applications will not be accepted.

**Instructions:** This form is to be used as notification from landlord/managing agents of DRIE tenants who are no longer eligible to receive DRIE due to death, move or approval for other housing benefits. Please complete the information requested and submit within 30 days of death, move or inclusion in other program to be compliant with the law governing DRIE.

**SECTION I - APPLICANT INFORMATION**

1. DRIE ID: \_\_\_\_\_

2. Name of Landlord, Managing Agent: a. \_\_\_\_\_ FIRST NAME b. \_\_\_\_\_ LAST NAME

3. Company Name: \_\_\_\_\_

4. Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

5. Name of Tenant: a. \_\_\_\_\_ FIRST NAME b. \_\_\_\_\_ LAST NAME

6. Property Address: \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ APARTMENT NUMBER  
 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE

7. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. I request revocation of the above mentioned tenant from the DRIE program based on (choose reason below):

It was reported to me that the Tenant passed away on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

Tenant vacated the apartment and moved on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

Tenant approved for other housing benefits as of \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Please attach copy of approval notice) Date

**SECTION II - CERTIFICATION**

I understand that I may be debited any TAC (Tax Abatement Credit) issued to this property after the date of death, move or date receiving other housing benefit and may now have charges due on my property tax bill for those tax periods previously satisfied.

I affirm that the above facts are true and are given to the NYC Dept of Finance, DRIE Program to determine the effective date of the revocation of said DRIE recipient's benefits.

Signature of Landlord / Managing Agent \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact [drie@finance.nyc.gov](mailto:drie@finance.nyc.gov) or call 311.