



**APPLICATION FOR  
DISABILITY RENT INCREASE EXEMPTION**

Mail to: NYC Department of Finance, DRIE Exemption, 20th Floor, 59 Maiden Lane, New York, New York 10038

PLEASE PRINT OR TYPE YOUR ANSWERS

**SECTION I - APPLICANT INFORMATION**

1. Name of Applicant with a Disability: a. \_\_\_\_\_ b. \_\_\_\_\_  
FIRST NAME LAST NAME  
 c. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ d. Social Security Number: --
2. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ 3. Email Address: \_\_\_\_\_
4. Name of Preparer: \_\_\_\_\_  
(If other than applicant). FIRST NAME LAST NAME
5. Relationship of Preparer to Applicant: \_\_\_\_\_
6. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ 7. Email Address: \_\_\_\_\_
8. Is the lease or rent order in the name of the applicant with a disability?  YES  NO  
 a. If "NO," list name(s) on the lease or rent order: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Indicate the relationship of the applicant with a disability, listed in Question 1, to the lease holder(s) or tenant(s) of record: \_\_\_\_\_
9. List the name(s) and relationship(s) to the applicant of all other income-earning occupants living in the home (Attach additional sheets if necessary).  
 a. \_\_\_\_\_ b. \_\_\_\_\_  
FIRST NAME LAST NAME  
 (i) Relationship: \_\_\_\_\_ (ii) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (iii) SSN: --  
 c. \_\_\_\_\_ d. \_\_\_\_\_  
FIRST NAME LAST NAME  
 (i) Relationship: \_\_\_\_\_ (ii) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (iii) SSN: --  
 e. \_\_\_\_\_ f. \_\_\_\_\_  
FIRST NAME LAST NAME  
 (i) Relationship: \_\_\_\_\_ (ii) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (iii) SSN: --

**SECTION II - RESIDENCE INFORMATION**

Address:

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. Apt. #: \_\_\_\_\_  
NUMBER STREET NAME

13. Borough: \_\_\_\_\_ 14. Zip Code: \_\_\_\_\_

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

16. Contact Name: \_\_\_\_\_ 17. Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

18. Mailing Address: \_\_\_\_\_

19. City: \_\_\_\_\_ 20. State: \_\_\_\_\_ 21. Zip Code: \_\_\_\_\_

22. Current Rent: \_\_\_\_\_ 23. Start Date: \_\_\_\_\_ 24. End Date: \_\_\_\_\_  
\$ \_\_\_\_\_ MONTH / YEAR MONTH / YEAR25. New Rent: \_\_\_\_\_ 26. Start Date: \_\_\_\_\_ 27. End Date: \_\_\_\_\_  
\$ \_\_\_\_\_ MONTH / YEAR MONTH / YEAR

28. Rent increase is for (check all that apply):

- a.  1-year Renewal Lease      b.  2-year Renewal Lease  
 c.  Fuel Cost Adjustment      d.  Building Improvement (e.g., MCI)  
 e.  Rent Control Increase      f.  Other (please explain): \_\_\_\_\_

*If you have not yet been notified of a rent increase, leave questions 25- 28 blank.*29. Do you or any other member of your household receive a Senior Citizen Rent Increase Exemption (SCRIE)?  YES  NO30. Do you receive a monthly shelter allowance?  YES  NO

a. If "YES," then list the amount of the monthly allowance. \$ \_\_\_\_\_

**SECTION III - ELIGIBILITY INFORMATION**31. Do you currently receive federal Supplemental Security Income (SSI)?  YES  NO

a. If "YES," list the household aggregate disposable income for the last calendar year

(See instructions for definition of household aggregate disposable income): \$ \_\_\_\_\_

*If you answered "YES" to question 31, go to Section V – Certification.**If you answered "NO" to question 31, continue to question 32. Check all that apply.*32. Do you currently receive federal Social Security Disability Insurance?  YES  NO33. Do you currently receive Veteran's Disability Pension/Compensation?  YES  NO34. Do you currently receive Disability-related Medicaid?  YES  NO*If you answered "YES" to question 32, 33, or 34, you must complete Section IV - INCOME WORKSHEET.***Important Note:** *If you did not answer "YES" to any question in Section III, you are not eligible for the Disability Rent Increase Exemption.*

**SECTION IV - INCOME WORKSHEET**

See the DRIE Application Instructions for additional guidance on completing this Income Worksheet. Be sure to list *annual* amounts for all categories. If you do not have any wages, income or deductions in any category, enter "0" in the space provided.

35. COUNTABLE WAGES:	APPLICANT	OTHER HOUSEHOLD MEMBERS		
	(i)	(ii)	(iii)	(iv)
a. Wages .....\$				
b. Standard Exclusion .....\$	240.			
c. Earnings Exclusion.....\$				
d. Subtotal .....\$				
e. One-for-Two Incentive (divide line d by 2) .....\$				
f. BWE Exclusion.....\$				
g. IRWE Exclusion.....\$				
h. <b>Total Countable Wages.</b> \$				
<b>36. COUNTABLE INCOME:</b>				
a. Countable Wages (line 35h) ..... \$				
b. Social Security Benefits....\$				
c. Interest.....\$				
d. Dividends.....\$				
e. Retirement Benefits.....\$				
f. Net Rental Income.....\$				
g. Other Income.....\$				
h. Subtotal: Add items a-g for each column.....\$				
i. <b>TOTAL COUNTABLE HOUSEHOLD INCOME:</b> Add the total of all columns. [36h(i)+h(ii)+h(iii)+h(iv)] \$				

*This Income Worksheet continues on page 4*

**SECTION IV - INCOME WORKSHEET - Continued**

37. ALLOWABLE DEDUCTIONS:	APPLICANT	OTHER HOUSEHOLD MEMBERS		
	(i)	(ii)	(iii)	(iv)
a. Federal/State/Local Income Taxes .....\$				
b. Social Security Taxes .....\$				
c. Other (specify below): _____ \$				
_____ \$				
d. Subtotal: Add items a-c for each column.....\$				
e. <b>TOTAL HOUSEHOLD ALLOWABLE DEDUCTIONS:</b> Add the totals of all columns [37d(i)+d(ii)+d(iii)+d(iv)] \$				
38. <b>HOUSEHOLD AGGREGATE DISPOSABLE INCOME:</b> Subtract line 37e from 36i .....\$				

**SECTION V - CERTIFICATION**

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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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.

**The Department of Finance will mail you a determination of your eligibility for the Disability Rent Increase Exemption within 30 days of receipt of this application.**



FINANCE  
NEW YORK  
THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE

**DRIE**

NYC DEPARTMENT OF FINANCE • PAYMENT OPERATIONS DIVISION

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

**Mail to: NYC Department of Finance, DRIE Exemption, 20th Floor, 59 Maiden Lane, New York, New York 10038**

**DRIE ELIGIBILITY CRITERIA**

The Disability Rent Increase Exemption (DRIE) Program offers an exemption from future rent increases to applicants who have disabilities and meet ALL of the five criteria below. To qualify for DRIE, applicants must:

- (1) Rent an apartment defined as eligible under the law;
- (2) Be named on the lease or rent order, be the tenant of record, or be the spouse 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) in a Mitchell Lama development; (c) owned by a limited dividend housing company, redevelopment company or housing development fund company incorporated under the private housing finance law; or (d) in a building where the mortgage was federally insured under Section 213 of the National Housing Act and the applicant was the tenant of record at the time of the mortgage termination.

**Tenants who live in Public Housing Authority Projects do not qualify for DRIE benefits.**

**(2) BE A TENANT OF RECORD OR THEIR SPOUSE WITH A DISABILITY:** The applicant with a disability must be named on the lease or rent order, or otherwise be a tenant of record for the apartment, or be the spouse with a disability of either. The tenant of record may be a spouse, domestic partner, or child who has attained the right of succession to the apartment upon the death of the leaseholder.

**(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.

- (4) **MEET THE DRIE INCOME ELIGIBILITY REQUIREMENT:** Applicants who receive SSI do not need to complete Section IV – Income Worksheet of the application, but must list the household’s aggregate disposable income for the last calendar year in question # 31a. Applicants who do not receive SSI, however, must complete Section IV – Income Worksheet to demonstrate that their household’s aggregate disposable income is less than or equal to \$17,580 for an individual and \$25,212 for a household with two or more members.
- (5) **PAY MORE THAN ONE-THIRD OF HOUSEHOLD’S AGGREGATE DISPOSABLE INCOME FOR RENT:** To qualify for the exemption, the applicant’s rent must be more than one-third of the household’s aggregate disposable income.

## DRIE APPLICATION INSTRUCTIONS

Much of the DRIE application is self-explanatory, or there are directions on the form itself. The following additional information is provided to assist you in completing Sections II, III, and IV.

### SECTION II - RESIDENCE INFORMATION

**Questions 22-28** - Enter the current rent and, if you have recently had or expect a rent increase, your new rent in Questions 22-28. If you have not yet been notified about a rent increase, leave questions 25-28 blank.

Finance will use this information to calculate whether you meet the fifth requirement for DRIE eligibility, that you pay more than one-third of your household’s aggregate disposable income for rent.

**Question 30** - If you receive a rent subsidy through public assistance, enter it here. If you do not, write “0”.

### SECTION III - ELIGIBILITY INFORMATION, Question 31a

If you receive federal SSI benefits, the household’s aggregate disposable income means the total countable wages and other countable income, less the allowable deductions, of **all members of the household**.

- You may apply the standard exclusion, the earnings exclusion and the One-for-Two incentive to countable wages.
- You may exclude the following from your calculation of income: impairment-related work expenses; blind work expenses; the value of food stamps; income tax refunds; home energy assistance; assistance based on need funded by a state or local government; grants; scholarships or fellowships used for tuitions and educational expenses; food or shelter based on need provided by non-profit agencies; and money someone else spends to pay your expenses for items other than food or shelter (e.g., someone pays your telephone or medical bills).
- You may also deduct federal, state and local income taxes and Social Security taxes.

**SECTION IV - INCOME WORKSHEET**

If you receive SSI, **do not** complete this section. Go to Section V - Certification.

All other applicants who do not receive SSI, however, must complete the Income Worksheet in Section IV. The “applicant” referenced in column (i) is the household member with the disability who is named on the lease or rent order, or who is otherwise a tenant of record, or who is the spouse with a disability of either. The “other household members” columns, referenced as (ii), (iii), and (iv), should be used by all other income-earning members of the household, such as spouse, parent, children or adult siblings.

**Question 35 - Countable Wages**

**Line a - Wages** - Enter the total for each income-earning household member. 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. For DRIE eligibility, “countable wages” include the following:

- Wages from a job, whether in cash or another form;
- Net earnings from a business, if a person is self-employed;
- Payments for services performed in a sheltered workshop or work activities center; and
- Royalties earned in connection with publication of the individual's work or honoraria received for services rendered.

**Line b - Standard Exclusion** - The applicant and any other household member with a disability are allowed to deduct the first \$20 of income for each month. Since this worksheet is based on annual totals, we multiplied \$20 by 12 months to enter \$240 on this line.

**Line c - Earnings Exclusion** - The applicant and any other household member with a disability are allowed to deduct the first \$65 earned each month from working. Since this worksheet is based on annual totals, multiply \$65 by the number of months worked in the past year.

**Line e - One-for-Two Incentive** - For the applicant and any other household member with a disability, divide the subtotal on Line d by two. Write the new subtotal on Line e.

**Lines f and g - BWEs and IRWEs** - Blind Work Expenses (BWEs) and Impairment-Related Work Expenses (IRWEs) may be deducted from the applicable subtotals on Line e. Both deductions are work-related expenses incurred by a person with a disability that allow the person to work. These include, but are not limited to, the following out-of-pocket, non-reimbursed expenses:

- Medicine;
- Medical supplies;
- Medical devices;
- Service animals and their care;
- Disposable items, such as bandages and syringes;
- Transportation/modifications to a car or van;
- Attendant care to prepare for work or assist at work.

**Line h - Total Countable Wages** - Divide the Subtotal (Line d) by two, and then subtract any blind and/or impairment work expenses and enter the amount for each column.

**SECTION IV - INCOME WORKSHEET - Continued****Question 36 - Countable Income**

**Line a** - Rewrite the number from Countable Wages Line 35h.

**Lines b-g** - Write in the annual total for each income-earning adult member of the household for each category.

**Line c** - Includes all interest, both taxable and nontaxable.

**Line g** - Other income includes the following:

- Railroad retirement and railroad unemployment benefits; annuities, pensions from any government or private source, workers' compensation, unemployment insurance benefits, and black lung benefits;
- Prizes, settlements and awards, including court-ordered awards;
- Proceeds of life insurance policies;
- Support and alimony payments; and
- Strike pay and other benefits from unions.

Aggregate disposable income does not include the following: the value of food stamps; income tax refunds; home energy assistance; assistance based on need funded by a State or local government; grants; scholarships or fellowships used for tuitions and educational expenses; food or shelter based on need provided by nonprofit agencies; or money someone else spends to pay your expenses for items other than food or shelter (e.g., someone pays your telephone or medical bills).

**Line i** - Add the subtotals on Line h for the applicant and all other household members completing this worksheet and enter the total.

**Question 37 - Allowable Deductions**

**Lines a-c:** Be sure to list annual amounts.

**Line b - Social Security Taxes** – refers to the deductions taken for FICA from one's paycheck.

**Question 38 - Aggregate Disposable Income**

Subtract the Total Household Allowable Deductions on Line 37e from the Total Countable Household Income on Line 36i to arrive at the Household's Aggregate Disposable Income. This is the figure that will determine the applicant's eligibility for DRIE.

**CUSTOMER ASSISTANCE**

If you need assistance in completing this application, please call 311, or contact the Mayor's Office for People with Disabilities:

100 Gold Street, 2nd Floor  
New York, NY 10038  
Telephone: 212-788-2830  
Fax: 212-341-9843  
TTY: 212-788-2838