



— Rent Freeze Program —
BENEFIT TAKEOVER APPLICATION



PLEASE REVIEW THIS INFORMATION BEFORE COMPLETING THE APPLICATION THAT BEGINS ON PAGE TWO.

I. Overview

The Benefit Takeover Application is for eligible household members to have a Senior Citizen Rent Increase Exemption (SCRIE) or Disability Rent Increase Exemption (DRIE) benefit transferred to them from the primary benefit recipient who has passed away or permanently left the household (moved or currently residing in a nursing home).

II. Eligibility

You may be eligible to take over a SCRIE benefit if you were 62 or older at the time of the death or permanent move of the SCRIE recipient. You must have been listed as a household member on the SCRIE application, and you must be named on the lease or rent order or have been granted succession rights to the apartment. Your total household income must be \$50,000 or less for the income year preceding the date of this application.

You may be eligible to take over a DRIE benefit if you were 18 or older at the time of the death or permanent move of the DRIE recipient. You must also be receiving disability benefits such as federal Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), a US Department of Veterans Affairs disability pension or compensation, a USPS disability pension or compensation, or disability-related Medicaid. You must be named on the lease or rent order or have been granted succession rights to the apartment. Your total household income must be \$50,000 or less.

Please note that spouses and registered domestic partners are not required to submit a Benefit Takeover Application to have the benefit transferred to them. However, you must submit proof of the marriage or registered domestic partnership. If you cannot provide this proof, then you will need to submit the BenefitTakeover Application.

III. Documentation

You must submit additional documentation with your application. See Section 6 of the application for more information.

IV. Submitting Your Application

Submit your completed application and all required documentation by mail to:

New York City Department of Finance
Rent Freeze Program
P.O. Box 3179
Union, NJ 07083

You can request an appointment for in-person assistance at www.nyc.gov/dofappointments.

OFFICE USE ONLY: APPROVED REVOKED PENDING



_____ Rent Freeze Program _____
BENEFIT TAKEOVER APPLICATION



Submitting your application: Mail your completed application to: NYC Department of Finance, Rent Freeze Program, P.O. Box 3179, Union, NJ 07083. (Be sure to include the required documentation listed in Section 6.)

Deadline: You must submit this application within six months of the beneficiary's death or permanent move, or within 90 days of receiving a "tenant deceased revocation" notice from the Department of Finance, whichever time period is longer.

1. PREVIOUS BENEFIT RECIPIENT

NAME		DOCKET NUMBER
STREET ADDRESS		APT
CITY	STATE	ZIP
TELEPHONE NUMBER	EMAIL ADDRESS	
CHECK APPLICABLE <input type="checkbox"/> Deceased. Date of death _____ <input type="checkbox"/> Permanently moved. Date of move _____		

2. NEW APPLICANT INFORMATION

NAME	RELATIONSHIP TO PREVIOUS RECIPIENT
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER	EMAIL ADDRESS
CHECK THE BENEFIT FOR WHICH YOU ARE APPLYING <input type="checkbox"/> Senior Citizen Rent Increase Exemption (SCRIE) <input type="checkbox"/> Disability Rent Increase Exemption (DRIE)	
If there has been a permanent loss of 20% or more of the income reported on the last approved application, you may apply for a redetermination of your frozen rent amount. I would like to apply for a redetermination. <input type="checkbox"/> You will only be eligible for a redetermination if your Benefit Takeover Application is approved. Be sure to include with this application the redetermination documentation requested in Section 6.	

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 Rent Freeze Program, including how to apply, please call 311 or send us a message at www.nyc.gov/contactscrie or www.nyc.gov/contactdrie.

3. TENANT REPRESENTATIVE INFORMATION

Complete this section if you would like to designate a family member, friend, or other party to receive copies of the Rent Freeze notices that are sent to you.

NAME OF PERSON OR ORGANIZATION		
STREET ADDRESS		APT
CITY	STATE	ZIP
TELEPHONE NUMBER	EMAIL ADDRESS	

4. HOUSEHOLD MEMBERS

You must list all current household members and include proof of income for all new household members who were not reported on the last approved application.

Household Member #1:

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
Was this person reported on the prior approved application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you must provide proof of income and the date this household member moved in: ____/____/____.		

Household Member #2:

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
Was this person reported on the prior approved application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you must provide proof of income and the date this household member moved in: ____/____/____.		

Household Member #3:

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
Was this person reported on the prior approved application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you must provide proof of income and the date this household member moved in: ____/____/____.		

5. CERTIFICATION

Please read carefully and sign the certification below. 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 from all 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 SCRIE/DRIE benefits received improperly, plus any interest charges.

I understand that my income is subject to verification by the Department of Finance.

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY OR COURT-APPOINTED GUARDIAN	SIGNATURE OF POWER OF ATTORNEY OR 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

You must provide your Social Security number, ITIN, or EIN to apply for this benefit. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.

6. REQUIRED DOCUMENTATION

You must provide the following documentation with this application.

I. Proof of death or permanent move

Include a copy of any one of the following:

- Death certificate
- Proof of legal separation or divorce
- Letter from a nursing home stating the effective date of the permanent stay in the facility
- An affidavit attesting to the permanent move of the current benefit recipient and proof of their new address

II. Proof of age for the benefit takeover applicant

Include a copy of any one of the following:

- Birth certificate
- Government-issued photo identification stating the date of birth, such as a driver's license, state-issued ID, passport, or IDNYC card

6. REQUIRED DOCUMENTATION (continued)

III. Proof of succession rights to the apartment

Include a copy of either of the following:

- Current lease or rent order with your name listed as a tenant
- Letter from landlord or managing agent stating that you have been granted succession rights to the apartment

IV. Proof of marriage or domestic partnership

If you are the spouse or registered domestic partner of the person previously receiving Rent Freeze benefits, include a copy of the marriage certificate or certificate of domestic partnership.

V. Proof of disability (if you are applying to take over a DRIE benefit)

Include a notice of award or other proof showing the award date of your qualifying federal disability benefit.

VI. Redetermination documents

Submit all of the following only if you are requesting a redetermination of your frozen rent amount because your household has experienced a permanent 20% loss in income from the income reported on the household's last approved Rent Freeze application.

- Any replacement household income (survivor's benefits, etc.) that was not previously reported
- Any new household income that was not previously reported
- Prior calendar year's income for all new household members that was not previously reported

If you needed more time to submit your application or meet any other deadline 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 www.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 if you missed the deadline because of exceptional circumstances during the time to file your application and your benefit expired fewer than 12 months ago. 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 and ask for the SCRIE/DRIE unit, or visit www.nyc.gov/contactscrie or www.nyc.gov/contactdrie.

VII. Power of attorney or court-appointed guardian

If a power of attorney or court-appointed guardian is submitting this application, please include a copy of the power of attorney or court appointment.

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at www.nyc.gov/contactdofeeo or by calling 311.